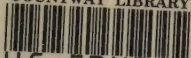


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C
B R A N D T'S
TREATMENT OF
UTERINE DISEASE AND PROLAPSUS
BY THE
MOVEMENT CURE.

Notes collected since 1861.

EDITED AND TRANSLATED, WITH AN INTRODUCTION,

BY DR. ROTH,

Author of several Works on the Movement Cure, &c.

“An Eminent Physician has assured me that he thinks it far better to leave patients of the class I have been talking of to drag on a life of suffering, a burden to themselves and to their families, rather than to cure them by such means.”—Dr. and Prof. PLAYFAIR, *The Lancet*, Dec. 17th, 1881.

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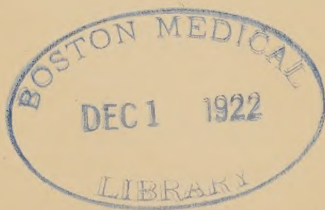
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AUTHOR'S PREFACE.

These simple notes are published for my pupils and successors, without any object except the hope that they will be of use to patients.



TRANSLATOR'S INTRODUCTION. .

MANY gynecologists and other professional men will ridicule the idea that numerous uterine complaints are curable by movements; being accustomed to have recourse to caustics, pessaries, tampons, probes, and to the horizontal position (sometimes continued for years) as their principal mechanical means, they will deem Brandt's treatment to be a new piece of quackery, which—without the trouble of inquiry, and without any knowledge of the movement cure—they will pronounce injurious and useless, on account of its being contrary to the orthodox gynecological notions hitherto prevailing.

I have before me a letter written by a young F.R.C.S., who, though he knows Brandt's treatment only by description, and not practically, condemns it in unqualified terms, pronouncing it demoralizing to the patient and degrading to the practitioner. This opinion, agreeing as it does with that of the eminent physician, Professor Playfair's friend, quoted as a motto on the title-page of this pamphlet, is an indication of the professional prejudice Brandt's treatment will

have to encounter before its merits shall be recognized by medical men.

The few practitioners, however, who without prejudice will take the trouble of inquiring, are advised to make themselves acquainted with the effects of the various active, passive, and resistance movements, and to acquire some knowledge of the scientific and practical application of curative movements, which are specially chosen as suitable to the various complaints to be treated.

Brandt's notes can be understood only by those who know the theory and practice of the movement cure; hitherto only the following larger works have been published on this science.

1. Die Heilgymnastik nach dem Systeme von Ling von Dr. Neuman, Berlin, 1852.

2. The cure of Chronic Diseases by Movement. By Dr. Roth, London, 1851.

3. The Handbook of the Movement Cure. By Dr. Roth, London, 1856.

4. Sjukgymnastik. By Dr. Hartelius (Stockholm), 1873.

The existence of a scientific movement cure is, hitherto, almost unknown to the majority of the profession; it is this professional ignorance which

is also the cause of medical men employing bone-setters, rubbers, shampooers, to whose tender mercies they leave their patients, without being able to give any directions, either as to the quality and quantity of the suitable movements and manipulations, or as to the duration and repetition of their application.

I regret to be obliged to state that medical men consider it *infra dig.* to apply this scientific treatment, which is based on anatomical, physiological, and pathological principles; therefore they must not be surprised to hear of the public extolling—at the expense of the medical profession—the wonderful skill of an ignorant and uneducated bone-setter, rubber, or of a self-styled doctor of the manual treatment, whose opinion of his own curative powers increases in proportion to his being recommended by medical men, on whom he looks down with contempt.

After having practised for ten years as a general practitioner, I have, during the last thirty years, devoted my energies to the study and practice of the movement cure; not having omitted any other medical, surgical, and hygienic means suitable to the individual cases I have been able to obtain in many chronic

diseases and deformities, results which, without movements, could never be obtained; amongst these chronic cases were also several uterine complaints, which owed their recovery mostly to the kinetic treatment. Unhappily I was not aware until lately, that Brandt has treated more than 3,000 uterine cases by his special method of using the movement cure.

My attention was specially directed to this subject while studying lately "*Kinetic Jottings*," an interesting compilation of extracts from ancient and modern medical literature, illustrating the effects of so-called mechanical agencies in the treatment of diseases; this book, by the late Prof. Georgii—who energetically worked at this compilation for years, has been published by H. Renshaw, 356, Strand, London, 1880, and is of much interest to those who have some knowledge of, or practise the movement cure, as well as to the general practitioner. After giving some extracts from Dr. Eastlake and Prof. Graily Hewett, "that pressure itself over the fundus uteri—unaided by traction of the cord—produced expulsion of the placenta; that Prof. Charcot, by pressure with the hands on the diseased ovary, almost immediately arrested the paroxysms of

two women suffering from ovarian hysteria ; that Caseaux advises pressure, friction, kneading, and irritation of the uterus for arresting hæmorrhage after confinement, Prof. Georgii mentions a treatment of displacement and other affections of the womb by movements.

“This treatment, which originated in Sweden, has been the subject of repeated discussions by the Society of Physicians in Stockholm, and the Medical Society in Christiania ; and on account of the success attending it, has awakened considerable attention in the country generally. The following is the way in which this treatment originated :—

“Mr. Brandt, some years after having, with great credit, passed his examination at the Central Gymnastic Institution at Stockholm (in 1849)—whilst on active service with his regiment—was suddenly called upon to *replace a prolapsus ani* which had occurred in a soldier ; the regimental surgeon being at the time absent from the camp, he was obliged to act at once, and not being acquainted with the ordinary manipulations used in order to replace the protruding gut, he, availing himself of his knowledge of the anatomy of the parts, and calling into

practice the principles he had learned at the Gymnastic Institution, at *once placed the soldier on his back with the knees bent, and commenced to operate through the abdominal parietes in making a deep pressure, combined with a traction upward and to the left*; by repetition of this movement the gut was actually pulled in. Afterwards, in order to act on the sacral nerves, '*pugnal percussion*' was applied on the sacrum, and by these two movements the soldier was enabled to turn out for drill the same afternoon, and was not troubled with his prolapsus afterwards."

"In Sweden, prolapsus uteri is a common complaint among the peasant women, who are obliged to go about, and to do heavy work immediately after confinement.

"Mr. Brandt was then living in the country, and the thought of applying a process somewhat similar to that which had succeeded so well with the soldier, in order to procure relief for the poor woman was not so very far-fetched.

"He, therefore, employed for the purpose three movements of which in the first, by *a lifting vibratory action* the womb was, as it were, drawn upwards or lifted; in the second a *vibratory point pressure* was directed to act on the nerves,

and ligaments of the organ, and in the third a *pugnal percussion* was applied on the lumbo-sacral region from which the pelvic organs obtain nerve supply.

“The result proves the correctness of the suggestion, and by and by, through the reports of Mr. Brandt’s success, and under the advice and patronage of some medical friends, Dr. Liedbeck, Dr. Lewin, Dr. Sköldberg, &c., who soon saw the *rationale* of the treatment, his practice increased. He has gradually enlarged the sphere of his treatment, and at present (1880), having treated upwards of 3,000 cases, he has, with the aid of interior manipulations, resembling, in a measure, those used by Dr. Caseaux, successfully treated cases of chronic metritis, para-metritis, internal tumours, and, besides, the various deflections of the womb. Mr. Brandt has had several pupils amongst the gynecologists of Scandinavia, and is certainly the first gymnast who has been engaged in a large and successful gynecological practice.”

Dr. Caseaux, in his “*Traité d’Accouchements*,” p. 930-1, quoted by Dr. Estradère, “*Du Massage*,” p. 112, advises in hæmorrhage produced by failing power of contraction of the womb after confinement the following manipulations :—

“The patient is lying on the back, the head raised, the hips supported on a hard cushion, the knees separated and bent, so that the heels almost touch the seat, the operator stands at the side of the patient—one hand placed on the lower part of the abdomen, should friction, press, squeeze the uterine walls, while two fingers of the other hand in the vagina irritate and tickle the neck of the womb. If these means do not answer, the whole hand, introduced in the cavity of the uterus, stimulates and excites the inner surface with the fingers, whilst the hand on the hypogastric region continues the friction. One is sometimes obliged to compress, and to knead, so to speak, the walls of the organ by leaning on it strongly through the abnormal parietes, whilst the hand in the uterus is used as a point of support.

Dr. Estradère mentions that the various manipulations are less injurious than astringent and stimulant medicines, which dispose afterwards to inflammation of the uterus; in irregular, partial, and deficient contractions of the uterus during confinement similar manipulations are used.

That manipulations, through the hypogastric region have been used by Recamier, I find in Dr. Phillipeaux, *Etude Pratique sur les Frictions*

et le Massage, page 132 :—" In certain circumstances Recamier introduced a finger into the anus, if the patient was a virgin or a man, or in the vagina if the patient was a married woman, and placed the tip of the finger on the neck of the bladder, and, if possible, underneath ; he tried by pressure with the other hand on the hypogastrium to make sufficient movements, *succussion*, vibration, and oscillations on the neck of the bladder.

"Although several of the manipulations applied by Brandt have been made use of by Ling, Branting, and Georgii in the treatment of diseases of the pelvic organs, such as flooding, amenorrhœa, dismenorrhœa, seminal losses, &c., Brandt has the great merit of having more specially developed the treatment of uterine complaints and prolapsus by the movement-cure, the principal features of which he has made known in the following fifty-three notes, which he has collected since 1861. Dr. Oscar Nissen, of Christiania (who has kindly sent me his Norwegian pamphlet, *Thure Brandts Uterin Gymnastik*, Christiania, 1875, while I was translating these notes), calls special attention (page 4) to *Brandt's* examination of the uterus, to the pressure on the

pelvic nerves, to the manual replacement of the uterus, to the lifting movements and the manipulations inside the pelvis; all of these were originated by Brandt. Prof. Dr. Hartelius, of Stockholm, the well-known director of the medical department of the Royal Swedish Central Gymnastic Institute, writes to me in a letter dated 19 December, 1881," concerning Thure Brandt's method. "I can say, according to my experience, *it deserves to be taken notice of by the Physician.*"

With the exception of a few medical men, Brandt's original treatment has scarcely yet been sufficiently appreciated by the profession—which is usually very slow in acknowledging the merits of new modes of treatment, especially when opposed to preconceived orthodox notions.

How prejudiced *eminent* physicians and gynecologists are is thus mentioned by Prof. Playfair in his paper—"Further. Notes on the Systematic Treatment of Nerve Prostration and Hysteria connected with Uterine Disease."—*Lancet*, 17th December, 1881, page 1030.

"One or two of my professional brethren, whose opinions I value highly, have objected to the treatment employed—especially to the massage as savouring—to speak plainly—of quackery ;

one eminent physician has assured me, *that he thinks it far better to leave patients of the class I have been talking of to drag on a life of suffering, a burden to themselves and to their families, RATHER than to cure them by such means.*

“Now, I am bound to confess frankly that to me the criticism is absolutely unintelligible.

“To my mind quackery does not consist in the thing that is done so much as in the spirit in which it is done.

“The most time-honoured and orthodox remedies may be employed in such a manner, and by men boasting of the highest qualifications as to be fairly chargeable with this taint.

“That we should be debarred from the use of such potent therapeutic agents as shampooing, massage, or systematic muscular exercise, whichever we may choose to call it, or electricity, or hydrotherapeutics and the like, because in unworthy hands they have been abused, seems to me almost worse than an absurdity.

“The true scientific position is, I submit, that we should endeavour to preserve such means of treatment from abuse, and lay down rational rules for their employment. It is with such views, and in such a spirit, I have endeavoured

to deal with these distressing and hitherto untractable cases, and I venture to hope that the large majority of the profession will agree with me, that not only are we justified in resorting to such treatment, but that the eminent American physician who first introduced and systematised it, has done a signal service in teaching us how to deal successfully and scientifically with a class of cases, which has been hitherto entirely beyond our skill, and which brings untold misery, not only on the sufferers, but on all connected with them."

Although I had much difficulty in translating this pamphlet, I have done it with much pleasure, because, without taking any personal responsibility for Brandt's treatment, I believe that many women who have suffered for years, and others who depend always on rings, pessaries, and other supports will be perfectly cured and able to dispense with all the mechanical contrivances, which cause them constant discomfort. Although there is no hope that old practitioners will take the trouble of inquiring into the scientific principles of the movement-cure, all young medical men will do well to make themselves theoretically and practically acquainted with the scientific use

of movements ; even if they do not take up the treatment as a speciality, they will find it in combination with other means, very useful in their private practice in many chronic and painful internal and external complaints. They will not object to the use of movements in pregnancy and uterine complaints, as is done by the majority of the profession, nor will they condemn their paralysed and deformed patients to be the victims of injurious orthopædic instruments, and they themselves will not depend upon ignorant rubbers, shampooers, and bone-setters, and will thus have frequently the means of arresting the progress of many complaints.

I hope the time may soon come when the movement - cure, the scientific application of hydrotherapeutics, of localised electricity, and of hygiene for preventive and curative purposes, will be obligatory studies, just as *materia medica* is at present, in order to enable the coming medical generation to do more good than their predecessors, and not to depend too much on drugs.

M. ROTH.

48, Wimpole Street, London.

January, 1882.

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I.—GENERAL REASONS FOR THE MOVEMENT CURE.

Life manifests itself by movement, and every living being has the power partly of taking up and of assimilating the material required for movement, partly to excrete the used up and injurious materials—these two functions are those of nutrition and absorption?

Active movements promote nutrition, while passive ones provide for absorption, and these are the two principal groups of the movement cure; it is certain that the human body suffers and is weakened, if its power of nutrition is deficient, and it is equally certain that other complaints must follow if the powers of secretion and excretion are deficient. Experience has proved that active movements of the movement-cure, (or the so-called Swedish medical gymnastics), promote nutrition, and that especially the passive manipulations increase secretion and excretion.

The treatment of paralytic affections proves that the manipulations increase the action of the blood vessels, muscles, and nerves. The operator,

who wishes to use the treatment by suitable movements should therefore have a perfect knowledge of the primary and secondary effect of movements on the human body, and through this on the mind and soul ; as body and mind act always mutually on each other. How frequent are the cases where a hitherto quite healthy person has to suffer for years in consequence of one violent fright, of profound grief, or of a severe mental shock ? It is the influence of the mind acting through the nervous and vascular system which thus causes illness. At other times a mental disease is produced by over exertion of the muscles. Brandt has often observed among his patients that an overexertion caused an abdominal complaint with consequent mental disease. Experience proves that active exercise increases the strength and endurance of the muscles which have been worked ; this is seen in the lower extremities of dancers, in the upper extremities of smiths and boatmen—which means that the nutrition of the working groups of muscles is increased, or that the afflux of the arterial blood towards the working muscles is increased, without which no continued work is possible.

Hence a treatment with prevailing active movements can be called a recreative method of curing. The operator can at will, by active movement, increase the afflux of blood towards, and the nutrition of every part of the organism where muscles exist. This explains also the possibility of derivating in the same manner the flow of blood from any part of the body by directing the flow of blood towards more or less remote groups of muscles. This treatment is called *derivative*. Considering that the human body contains a certain quantity of blood, it is natural that a blood congestion to the heart must be diminished by increased vascular activity towards the periphery of the body.

Thus headaches caused by congestion of blood, can, when the rest of the organism is healthy, be relieved by foot bath and movements which bring the blood down to the legs and feet ; if the patient suffers at the same time from constipation, and is otherwise well, the headache can be cured by movements which increase the flow of blood towards the stomach. As the innervation is simultaneously increased by the effect of the movements, the peristaltic intestinal motion

is increased, which relieves the constipation while the congestion to the head ceases.

It is known that parts of an organ, which have been for long time exposed to continued pressure, are slowly consumed to such an extent that malformation is developed. Without mentioning the unnaturally small feet of Chinese ladies as the best proof of the first-named assertion, attention may be called to the former prevalent fashion among ladies of wearing very low dresses, when a high degree of atrophy of the muscles was observed ; thus the size of the deltoid was sometimes diminished to such an extent by the pressure of the seam near the armpit, that the arm-bone finally fell out of the joint. At other times when ladies wore a steel girdle round the hips to prevent the so-called kilting-folds, not only the muscles of the hips shrank considerably, but they had a difficulty in walking ; here the atrophy was caused by pressure. This proves that inactivity diminishes the size of the muscles, just as it is increased by activity.

It is a fact confirmed by the experience gained for the last forty years by the movement-cure that all passive movements as pressure, vibration, stroking done either by the hand or by

instruments increase the absorption of the diseased organic parts, which may be vascular glands, or other internal parts of the body ; this method of treatment is called the *absorbent* or *direct derivative* method.

In order to explain what has been above said on the primary and secondary effect of movements, the hanging position with the head down will serve as an instance. The patient is in heave standing position, and grasps two hanging ropes between which he stands, the operator and his assistant stand on one side of the patient, whom they quickly turn head downwards, and after repeating the movement place the patient again on his feet. The primary effect is a congestion of the blood towards the head and brain, which causes giddiness ; the secondary effect is the relief of the head. During the turning over, while the head is down, the reflux of the blood from the head is prevented, while the afflux of the arterial blood continues. Thus the capillaries are expanded and dilated, consequently the patient when replaced on his feet feels the blood circulation in the head much more free.

In a similar way, the effect of pressure on the veins is explained, and the extraordinary good

effects of pressure on the vena jugularis in combination with other suitable movements for the cure of weak eyesight caused by weakness in the capillaries.

It has been known for a long time that pressures on the nerves, persons who just died, causes an irritation of the muscles. This explains the application in the movement-cure of nerve pressure in cases of paralysis and diminished vital activity.

Although retraction and relaxation of the organs are frequently treated by special movements, no apology is required for merely mentioning these pathological conditions, as their meaning is easily understood by any one who remembers the face of a person who has had an apoplectic stroke, when one side is relaxed and paralysed, while the other is spasmodically contracted.

II.—ON THE TREATMENT WITHOUT ANY GYMNASTIC APPARATUS.

Brandt's reasons for not using any apparatus are that he and his pupils are frequently called upon to attend at the patient's house where chairs, tables, sofas, couches, beds, doors, and

even the walls must serve as substitutes for special apparatus.

III.—THE EXAMINATION OF PATIENTS.

This consists in the report containing the name, habitation, age, and anamnestic data of life and disease, if possible the cause of the present disease and the previous mode of treatment ; the present state of the functions of the nerves and blood-vessels, of the various secretions, and of any abnormal symptom of the body is described. The mental state is not to be forgotten. It is best to enter fully into all details, to take notes, and to make all examinations very exact ; to omit doing so would give the appearance of neglect and inattention.

IV.—EXAMINATION OF THE PELVIS.

The patient is examined first in a standing position in which the uterus, partly by its own weight, and partly by that of the superincumbent parts, is pressed into the worst position ; in case of retroflexion it is easier to examine it in its whole circumference. It frequently happens that

the uterus is in anteflexion, while the patient is standing, and in retroflexion while the patient is lying down. The operator sits and surrounds the standing patient with one arm, and slightly supports with the hand the glutei, while the other hand, with straight fingers close to each other, is gently placed near the vagina; the index, which has been previously oiled, slides slowly and cautiously along the posterior wall of the vagina, in order to prevent any unnecessary irritation. The thumb is kept forwards, and should not touch the body, while the three other fingers are directed in a straight line backwards; if the free hand is placed on the medial line of the sacrum, the finger is moved round the os uteri, and examines it as exactly as possible in order to find out any polypus, ulcer, abrasion, or abnormal position; abrasions are felt by those who are in the habit of examining the uterus; the finger is then removed, and immediately introduced along the anterior wall of the rectum with a certain amount of pressure, in the direction from behind forwards; in this manner the finger is not hindered by the fecal matter in the rectum (it is advisable to use an enema before examination).

As soon as the finger is behind the os uteri, the thumb is introduced as high as possible into the vagina till it reaches the anterior surface of the collum uteri; while the finger and thumb take hold of the uterus it is easy to find out whether there is any change in its form or position; a mistake is scarcely possible regarding the condition of the two lower thirds of the uterus. Before removing the finger and thumb it is necessary also to examine both sides of the uterus, and to note any abnormal state. In the case of retroflexion of the uterus, trial must be made whether it can be replaced forwards by a simultaneous pressure of the forefinger on the rugacs and of the thumb on the os uteri; when the finger is removed it should be noticed whether there are any contractions between the uterus and the bladder, which can be ascertained by the thumb being pressed gently backwards and upwards on the os uteri.

After this examination the patient is placed in a squat-half-lying position—that is, with knees raised. The operator sits on the left side and examines the abdomen and pelvis with both hands while the patient is requested to breathe freely without contracting the abdomen.

The uterus, and especially its upper part, is afterwards very minutely examined with both hands, so that we may be quite sure as to its position, form, size, and indurated or relaxed condition, also to the presence of any fibroid or other tumours.

Finally the ovaries and broad ligaments are examined, in order to find out whether any exudation, swelling, or contraction of the abdominal walls near the uterus exists, and what amount of mobility the uterus possesses.

It is also desirable to examine the uterus with regard to other abdominal complaints. The possibility of pregnancy must also be thought of.

Independent of all the theoretical knowledge, it is essential that the operator should develop, by frequent exercise, his tactile sensibility, as well as his ability to *reach* upwards as high as possible during the examination.

During the squat-half-lying position, the distance is considerably diminished by the convexity of the lumbar part of the spine, while the abdominal walls are as much relaxed as possible. As every point we can reach higher in the pelvis is of consequence, the system of Sims and others, of binding together the other four fingers must

be rejected on account of its interference, with the advantage obtained by reaching very high. The direction, therefore, of the three fingers backwards under the left ischias, while the thumb is placed forwards, must also be sustained during the examination in the squat-lying position, because the index can be slid in this position much further upwards than in any other.

If abrasions, ulcers, or any other abnormal state is suspected, the patient, while placed in Sims' left-side position, is examined with Sims' speculum, but pushing the instrument either towards the urethra or the uterus must be avoided by gently sliding the upper part of the speculum more backwards along the posterior wall of the vagina. The probe is never to be used when pregnancy is suspected, as it might cause the death of the foetus.

In certain cases a soft gutta-percha probe, in combination with the speculum, might be used, as, for instance, in enormous enlargement of the uterus, or in fibroid tumours, when it is necessary to measure the full length of the uterus without causing any irritation.

This examination with the probe, which slides along the left forefinger, previously introduced into the vagina while the patient is lying

on the back, has been sometimes satisfactory. The soft silver probe is in every respect considered to be the best. If the probe, which should never be used except for measuring the uterus, is covered with blood when taken out of the uterus, it is frequently a sign of internal uterine ulcers, even when no similar ulcers are seen on the os uteri.

Sometimes an abnormal sensitiveness on the internal mucous membrane may exist without any ulcers being present ; at any rate, such a bleeding proves the great caution and careful manipulation required in the employment of the probe, which should be used as little as possible, for it indicates merely the length of the ulcers, but not whether it is atrophied in length or thickness. We sometimes learn by the probe that the uterus is not of its normal length, but only by a bi-manual examination can it be ascertained whether this organ is too broad, too hard, or too thick. The probe, if not introduced sufficiently high, can be a good or a false guide when the uterus is surrounded by swellings and new formations, or when it is pushed out of its place by the surrounding parts the well-developed and acute touch of the finger seldom deceives.

Considering the great mobility of the uterus

during each inspiration, it is easily understood why the parts surrounding this organ resent the lightest pressure. It is, therefore, very natural that patients with uterine affections complain of violent pains while coughing, sneezing, driving, raising heavy weights, as well as during certain movements of the body—as, for instance, while turning the trunk, rising or sitting down quickly, or while straining in the closet. During these various processes more or less violent stretching takes place in the surrounding parts of the uterus, the pains reminding the patient to be cautious.

All this proves the necessity for being extremely cautious and not in the least rough during the uterine examination, which is frequently the first occasion for obtaining any exact knowledge of the presence of these complaints; the slightest pressure, or a sudden sliding of the points of the fingers within the pelvis, causing slight traction of the diseased parts and violent pains.

The squat-half-lying position in which the trunk is raised on an inclined plane of 35°40 degrees, and where the separated knees are bent and raised, while the feet are placed on a hori-

zontal plane, is very suitable for the examination, for the lower part of the pelvis being raised is brought very near to the rim of the lower ribs, and entirely relaxes the abdominal muscles, which is very important for an exact examination. The placing of the examining arm under the patient's knees has the advantage of not being hindered by the legs from reaching the highest point with the finger; it is easier to slide along the posterior wall of the vagina, and not to touch the clitoris. The patient being covered by the dress hanging down is not unnecessarily exposed.

Children and unmarried females are examined with both hands through the rectum and the relaxed abdominal walls.

V.—THE POSITION OF THE PATIENT AND OPERATOR.

In the interest both of the patient and the operator, the latter must be in such a position as to be able always to breathe freely; he should always endeavour to make use of any support which enables him to lessen his fatigue and to save his strength.

VI.—THE METHOD FOR PREVENTING THE UNCOMFORTABLE SENSATIONS OF PATIENTS AFTER THE EXAMINATION

Consists in applying a gentle pressure on the nervus pudicus from the point where it emerges on the side of the anus as far as the outside of the external labia, and not higher than the middle of the entrance of the vagina ; this pressure is but rarely repeated a second time. After this pressure follows the movement No. 3 (described in Note XXV.), which consists in a very slight lifting manipulation.

If the patient is very sensitive, it is sometimes necessary to make a gentle longitudinal stroking from the stomach downwards along the legs to the toes while the patient keeps her eyes closed ; this manipulation is never to be omitted when required by the sensitive state of the patient.

This movement is also used in prolapsus vaginæ, and when old women complain of the sensation of openness of the vagina, and is combined with the movements 2 and 3, or with alternate bladder-vibration (succussion), and high,

half-lying knee division (with energetic lifting from the position).

By these painful pressures on the *nervus pudicus*, patients with prolapsus *vaginæ*, at the age of from 52 to 65, have been cured.

Foolish theories are soon refuted in practice. Patients fear an examination through the rectum because they have a feeling of urgency to go to stool when the finger is pulled out of the anus; this sensation is prevented by gently turning the point of the finger to the right and left before it leaves the rectum.

VII.—PREPARATORY TREATMENT OF PATIENTS SUFFERING FROM A SPECIALLY DERANGED NERVOUS SYSTEM.

In nervous affections active movements bring the innervation under the will of the patient: the active movements to be used are slow or quick, gentle or energetic, according to the irritability or weakness of the nerves. The good results of an active, general, and local treatment by movements in Chorea are well known; but it is quite different in irritable patients who are deficient in power, or who, while trying to make

an active movement, are immediately seized by more or less violent spasms.

It is known by experience that patients in a sitting position and with closed eyes, when trying to follow the direction of several gentle stroking movements made from the head (either forehead or cerebellum), downwards along the trunk of the nerves of the arms as far as the tips of the fingers, or from the head down the spine and back of the legs down to the toes (also several times repeated), or from the head over the face, chest, abdomen, and along the inner side of the thighs and legs, down the toes, they (patients) feel very calm, even to such an extent that when the operator takes hold with his right hand of the little finger, and quickly calls out, *Come and be calm*, the patient, to her own surprise, begins to walk, and, according to the state of her power, is directed either to advance further or to go back to her seat ; if at the first trial the patient is unable to rise, she will still be able to do many active movements which she was unable to do before the longitudinal stroking movements downwards were performed.

So-called magnetic passes are comprised in the treatment, but only used to such an extent

as not to interfere with the use of the patient's senses or free will ; these passes are only used for preparing the patient for the more energetic movements.

In persons suffering from general chorea, the pupils have not the round smooth outline, but are more like a sun with its rays, or like the oval pupil of a cat, with its long diameter vertical, the points of the ellipse extending to the sclerótica above and below ; this abnormal state disappears as the calmness of the nervous system increases, when the round smooth outline of the pupil is restored.

VIII.—REPLACEMENT OF THE UTERUS BY the HAND.

In cases of protracted and considerable displacement of the uterus, the broad ligaments are so much contracted that at the beginning of the treatment it cannot be replaced into the normal position ; we must, therefore, be content to stretch these ligaments extremely slowly, a process which is done in this way :—

(*a.*) In standing position, with the index as high up as possible in the rectum, the thumb in the

vagina, the uterus is seized, and the os uteri cautiously raised and pushed upwards and backwards paying constant attention to what the patient can bear.

(*b.*) In the lying position of the patient on her back, the os uteri is gently pushed upwards and backwards by the forefinger in the vagina, and the tips of the fingers of the other hand placed outside the abdomen above the upper end of the womb: the free hand—placed very deep toward the os sacrum—tries to come under the fundus uteri. The patient is requested to leave the abdominal muscles perfectly relaxed; the perfect reposition of the womb is done afterwards by fixing, with the greatest caution, the os uteri backwards, while the fingers of the free hand come gently forwards and downwards along the anterior aspect of the os sacrum, when one finger after the other slides under the uterus, which is, by the first joint of the most advanced finger, by degrees pushed with the fundus always more upwards towards the outer part of the pelvis, and downwards towards the arc of the pubes.

(*c.*) As soon as the fundus is free and brought forwards, it is often found that the posterior

ligaments retain the womb down towards the os sacrum ; then (after the previous result had been obtained for several days) the examining finger slides upwards to the side of the os uteri by placing its point obliquely under the neck of the uterus upwards towards the body of the womb ; while this organ is pulled towards the *external* part of the abdomen by a simultaneous gentle extension with the aid of this finger and the fingers of the other hand placed under the fundus.

There is a special rule not to pull the womb upwards and forwards towards the exterior of the abdomen (which has never any good result), but more forwards and downwards towards the pubic arch, on account of the uterus, in the majority of cases, giving way easily and without any resistance to the traction.

Besides, in the standing position, the uterus yields much easier to the traction forwards in the direction of the pubic arch if it is done in the manner first described.

IX.—THE WAY TO REPLACE THE WOMB WHEN ALL OTHER ATTEMPTS HAVE FAILED.

(*d.*) The patient is in the usual lying position, as described for the examination ; the operator introduces the forefinger into the rectum along the os sacrum till the point of the finger is in the first curve of the sigmoid flexure—that is, through the narrow passage to this part ; the operator sits near the feet of the patient, whose knees he presses down ; with his free hand and with the fingers placed on the abdomen above, he makes while gently pressing (if there is the slightest resistance) a slight vibration, or a very gentle circular friction on the fundus uteri ; while the intestines are carefully kept up during the simultaneous gentle pressure of the intestines forwards or upwards towards the outside of the abdomen. If the operator does not succeed in this way in placing the fingers of the free hand under the fundus, the thumb is placed in the vagina in order to pull the uterus gently down and as much as possible into the normal position by a pressure of the thumb on the os uteri backward and a simultaneous or alternate pressure of the

index on the fundus, and in order to obtain for the fingers of the free hand a support behind the fundus; in this case the reposition is made with extreme caution forwards and downwards.

If the contraction be more intense and the reposition less complete, a slight and gentle circular friction is made on the uterus in the direction of the broad ligaments, while the uterus is fixed by the thumb and forefinger, the fingers of the free hand continuing the support. To prevent inflammation and swelling, the circular friction is done alternately to the right and left; and after having fixed the womb for a short time, the fingers of the left hand cautiously let loose the womb, and the usual treatment of swellings is used first in the direction of one and then of the other broad ligament.

After having continued this reposition for some time, and after having succeeded in carrying it on more completely, the reposition-pressure is to be tried immediately after the reposition, in order to fix the uterus forwards.

If the uterus, according to the previous instructions, has been placed in a position of inclination forward, the movements No. 2 and No. 3 *with assistance* are commenced with

caution. Brandt recommends that the circular friction just described with the points of the fingers of the free hand on both sides and above the fundus, should be always applied during the reposition ; it is much easier to place the fingers under the fundus (after having during the friction gently pushed it forwards, partly towards the sides and downwards). The reposition is thus done almost painlessly, which was less frequently the case in the plans hitherto employed.

X.—THE REPLACEMENT OF THE UTERUS IF PLACED MORE FIRMLY FORWARDS.

(*e.*) The uterus being placed firmly behind the pubic arch, it is impossible in this case to apply usefully one of the lifting movements alone, nor is it possible for the operator to raise the uterus or for the assistant to grasp it, therefore the operator pulls the vaginal part forward, presses by the bi-manual method the uterus towards the pubic arch, pushes it straight upwards, while the fundus is at the same time pushed backward with the free hand.

XI.—THE REPLACEMENT OF ABNORMAL POSITIONS OF THE OVARIES AND REFLEX ACTION ON THE HIP IN OVARITIS.

It frequently happens that patients complain of pains similar to those caused by an inflammation of an ovary, and that the ovaries are not found in their place, but are either more forwards or backwards on both sides of the uterus. Brandt, in a similar case, found a considerably enlarged ovary an inch over the upper end of the uterus towards the right and near the spine; he tried in vain to bring it down to its normal place by circular movements with the tips of the fingers of the free hand; he succeeded, however, in bringing it more easily downwards and forwards towards the examining finger introduced in the rectum, and afterwards, by a combination of pulling and pushing with both hands without any special resistance, over the fundus uteri down and to the right of the uterus.

It appeared that the ovary returned to the abnormal place during sleep while the patient was lying on her back, and that she suffered very intense pain through the pressure of the mis-

placed ovary on the nerves and blood vessels. After the previously described reposition the pains immediately disappeared.

This reposition must be done, especially the first time, with much caution. Brandt mentions four similar but less painful cases in which the ovaries were placed much deeper downwards behind the uterus; they were replaced by sliding them upwards and forwards over the arched surface formed by the broad ligaments.

The reposition of the ovary forwards not only at once relieves the pains and their causes, but enables the patient to bear, and the operator to apply, the treatment by manipulation.

It is a great blessing thus to be able to prevent, by curing inflammation and commencing enlargement of the ovary, the further progress of the disease and the necessity of a subsequent most dangerous operation.

Miss G. had been ill for a year, and according to medical advice had during the last six months every night a weight attached to her foot, her complaint having been diagnosed as an inflammation of the hip joint. Brandt found no symptom indicating such a disease, but discovered inflammation of the left ovary, which

was extremely tender. After the application of manipulation for one month her recovery was complete, and remained so.

The pain in the hip was caused by reflex-action, and Brandt had repeated proofs that many patients complaining of pain on the outside of the hip have no disease there, but that the slightest pressure on the ovary causes them to exclaim, "Yes, yes, there is the pain."

XII.—TREATMENT WHEN THE CONTRACTION OF THE BROAD LIGAMENTS PREVENTS THE PATIENT FROM HAVING A NATURAL STOOL.

(*f.*) Among Brandt's patients several suffered from chronic and obstinate constipation, which could not be relieved by any medical treatment; some having fancied they felt a mechanical obstacle, and having even undergone the operation of forcible dilatation without any good result. In these cases it was found by the exploring forefinger in the rectum that the uterus with the fundus had been much pulled upwards and backwards through strong contraction of the broad ligaments which were not at all swollen.

As these patients soon improved through the movement-cure, as the uterus was afterwards found in its normal position, and the elasticity of the ligaments restored, it is clear that the painful *dilatation forcée* was a great mistake, the contraction of the broad ligaments being the cause of the displacement of the uterus, which diminished the space in front of the os sacrum, and by pressure on the bowel prevented the excretion of solid excrements.

The treatment consists in the ordinary movements against constipation, and of very cautiously applied gentle stretching manipulations done with a great deal of perseverance forwards and downwards on the broad ligaments, while the patient, either in standing or forwards lying position is directed not to bear much pain ; thus overstraining and the consequent inflammation and swelling are prevented.

This is another proof of the necessity for not leaving any means untried in order to discover the cause of disease. Brandt thus had the courage, notwithstanding the uncomfortable sensation caused by examination through the rectum, to persevere in doing most conscientiously all what is required for the benefit of

the patient. An exact diagnosis would have prevented in many cases the painful and unnecessary operation of *dilatation forcée*. The stretching is most easily done while the patient is in standing position; the point of the finger in the rectum is brought over the fundus and the broad ligaments, through the narrow place, which is very high up, behind and slightly to the left in the rectum, in order to perform the extension downwards on the broad ligaments and on the peritoneum. Several medical men have denied the possibility of introducing the finger so high, while others, after having tried Brandt's mode of examination, approved it. A gentle pressure is made on the sides of the fundus, if this, as frequently happens, is too sensitive to bear even the slightest pressure. If the extension is done in this manner it will be uniform, but if the pressure is done more down in the rectum, it is always more incomplete and partial.

XIII.—EXTENSION OF THE CONTRACTION OF THE UTERINE LIGAMENTS.

(*g.*) The danger of swellings being caused during the treatment of abdominal complaints has been mentioned elsewhere; there is a similar

danger during this treatment, because these dangerous affections are very easily produced through the slightest application of too great force in the extension of the ligaments. The best rule is rather to do too little than too much, as the first can easily be improved at the following *séance*. As soon as too much force has been used, inflammation of the ligaments will follow immediately, and within a few hours cutting and spasmodic pains in the abdomen, with nervous shaking and rigors alternating with heat, will appear.

It might be necessary to apply the extension on the round, posterior, and broad ligaments of the uterus, which may be firmly fixed unequally on both sides.

A patient had an enormously enlarged and indurated uterus caused by a fibroid tumour ; the fundus was so strongly fixed to the os pubis that a treatment of one month was required before it could be loosened.

In another case the fundus was fixed obliquely forwards and upwards over the hip bone, which could be loosened only after a treatment of two months ; here, notwithstanding the greatest caution, inflammation of the ligaments and uterus took place. In many other cases, where

the uterus at the first *séance* was so firmly fixed that it was impossible to move it even the twelfth part of an inch from the nearest pelvic bone, it was completely loose in the course of a few days, partly by extensions, partly by other movements.

If the neck is firmly fixed to the os pubis while the fundus is moveable, the first trial of moving it backwards is made in standing position by a gentle pressure of the thumb on the neck backwards ; should this not succeed through the sliding of the neck upwards, and the thumb slipping across it, it is advisable to place the patient in forwards lying position ; the thumb placed as before tries simultaneously, while the fingers of the free hand (placed with the palm on the abdomen) slide from above downwards over the os pubis, to press gently the neck towards the sacrum. All this is done with the greatest precaution.

These manipulations can also be done on some patients while they are in crooked standing position over and opposite the operator, when the fingers of the free hand are turned with the back towards the abdomen, which can be done well only when the abdominal walls are extremely relaxed.

If the fundus or the vaginal portion is firmly fixed obliquely backwards through the contraction of one of the posterior or broad ligaments these can be most easily extended by the index in the rectum while the patient is in forward lying position, but it can also be done as well in a standing position.

These extensions are done by a slow continued pressure on the uterus, repeated alternately on one and the other side of the contracted place; constant attention is required not to cause pain, and the patient is told to mention immediately any pain she feels.

As soon as the fundus is up in a parallel line to the mesial line of the body, the thumb is placed through the vagina on the anterior side of the pars vaginalis, in order to turn the uterus forward round the point of fixture to make an anteversion by a simultaneous pressure on both ends of the uterus.

This mode of replacement is used only in severe cases of retroversion. After all extensions it is necessary to make the same pressures and spiral frictions on the ligaments as are used against swellings or enlargements, which are prevented by these manipulations.

Small enlargements of the ovaries, accompanied by pains, are frequently the consequences of menstruation suppressed by a cold ; which causes also the enormous enlargements for which the—always more or less dangerous—operation of ovariectomy is performed ; therefore it is a duty to caution women to be more careful during their menses, and not expose themselves to catching cold ; the majority of them are not aware of the danger to which they expose themselves, and it is desirable to give them information by popular hygienic publications. Professor Anderson has written, in the January part of the *Hygieia*, 1875, on the frequency of female diseases.

The period of time required for the cure of the contractions and swellings of the ligaments varies ; it happened that patients began treatment at a time when their medical advisers certified that the uterus had been firmly adhering to the pelvis ; notwithstanding this, the same professional men acknowledged a short time afterwards the mobility of the uterus ; in these cases the contraction of the uterine ligament was soon relieved by extension and some manipulations.

In other cases weeks and months passed before a good result has been obtained. The greatest precaution had to be taken in order to prevent the recurrence of previous very serious inflammation. The treatment requires considerable experience and precaution. What the effect of rings and pessaries under such circumstances is can easily be imagined. If inflammation of the uterus or of its surrounding parts should still be brought on, it is to be treated twice daily with manipulations. Besides these, cold wet compresses are used during the whole of the day, as soon as heat or pains are present. But sleep is not to be interrupted by the application of compresses, which must be also omitted at the beginning of or during the menses.

Inflammation with swellings the size of an ordinary egg have been treated in this manner, and the patients have been able, after three days' rest in bed, to join in the general treatment with the other patients. Although not all cases are as easily and quickly relieved as those just mentioned, the daily treatment in two *séances* was sufficiently successful to prove its importance and the desirability of its application, especially where money and time are of no object. Brandt

was so fortunate as not to lose any of his numerous patients during or after the treatment, nor has he heard of any change for the worse.

XIV.—THE SO-CALLED REPLACEMENT-PRESSURE.

It has been frequently observed in cases of retroversion of the uterus that the pars vaginalis is fixed more firmly forward, which is caused by a more or less strong contraction of the fold between the neck of the uterus and the bladder.

These cases are thus treated :—

1. After the patient has been placed in the ordinary position the operator sits on her left, and places the examining finger entirely under the uterus, which is brought by this finger gently upwards towards the abdominal walls, and, if necessary, by the help of the free hand, along the mesial line of the body.
2. The fingers of the free hand are placed through the abdominal walls, which they press gently before them, towards the neck of the uterus, which is pressed downwards and backwards.
3. The examining finger is placed sideways

and upwards towards the neck of the uterus exactly opposite, and near the fingers of the free hand on the anterior side of the neck of the uterus.

4. The uterus is pushed backwards and upwards towards the os sacrum so high that its supporting parts resist considerably. This pushing is done simultaneously by the fingers of both hands with a pressure lasting about five seconds on the neck of the uterus close under the point of fixture of the uterus, that is its inner os. Partly through this pressure, partly through the form of the os sacrum, the uterus is thus already bent forward.

5. The examining finger, without leaving its place, holds alone the uterus, while the free hand, without the least pressure, is very gently pulled upwards along the uterus. As soon as it is felt that the points of the fingers pass over the fundus they are immediately but very gently pushed behind the uterus, without stretching the abdominal walls.

If the perfect reposition has (contrary to all expectation and wont) not taken place, the free hand is very cautiously turned, and the reposition is effected either by a gentle forward

and downward pressure on the fundus uteri (which continues to be supported), or by gentle circular frictions (stroking) on the fundus and on the ligament, which is perhaps slightly stretched. The uterus is now placed upwards along the examining finger, which during the whole time remained immovable, if the point of the finger has not been placed under the uterine ligament for the purpose of supporting it, in which case the other parts of the finger still continue to support the uterus.

It happens sometimes that as soon as the fingers of the free hand have been gliding over the fundus the uterus is raised at once forward from its stretched point of fixture. In this case nothing else is required.

When the *pars vaginalis* has not been shortened by the retroversion to the extent, as might be supposed by what has been mentioned before, both hands (as described under IV.) can at once be placed. But here also the uterus must be brought into the mesial line of the body, which is an indispensable condition for obtaining the desired result, before the replacement pressure is done with both hands.

Brandt mentions that he succeeded by one or

the other methods just described in freeing the uterus and in replacing it in the normal position in all patients, with the exception of three or four, where the uterus appeared to have firmly grown together with the adjacent part.

XV.—A COMPARISON BETWEEN THE EFFECT OF THE “REDRESSEUR” INSTRUMENT AND BRANDT’S TREATMENT.

It seems incomprehensible that authors like Marion Sims prescribe in one place not to use under any circumstance any force during the examination of the uterus with the probe (force being perfectly unnecessary if the examination is well done), while the same author in another place teaches that with some precaution force, not only might, but must be made use of during the application of the *redresseur*. Considering the force required during an attempt at reposition with this rigid and thin instrument applied to the mucous membrane in the cavity of the uterus, especially in those cases where the uterus is fixed by the contraction of one of its supporting parts, we must not wonder at the serious complaints of the patients at the subsequent

hæmorrhages, nor be surprised that the violent inflammations thus caused prove how completely unscientific such manœuvres are. By comparing this treatment with Brandt's mode of replacing the uterus, or of disengaging it when fixed by contractions, the great advantage of the latter is easily perceived, especially as the pressure with the soft part of the tip of the finger is daily applied with the greatest precaution in order to diminish as far as possible all pains, and thus to prevent all danger of an inflammation.

XVI.—ON THE DOUBLE PRESSURE, OR THE TREATMENT OF CHRONIC INFLAMMATION OF THE UTERUS BY MANIPULATIONS.

Besides the lifting movements (used in abnormal positions of the uterus, by which also a squeezing pressure on the uterus is caused), a *special* movement is applied in inflammation of the uterus, called the *double pressure*. This pressure is applied on the uterus with the free right hand through the abdominal walls and opposite to the examining finger, on which the anterior side of the uterus rests.

The tips of the first and second fingers of the right hand acting on the posterior side of the uterus, make a circular friction or rotation from the os uteri to the orificium internum. This friction is used in profuse discharge in ulcers and swellings of the pars vaginalis.

If the patient suffers from hæmorrhage, indurations, or enlargement of the whole body of the uterus, the movement which has just been described is made from the orificium internum over the whole body of the uterus, as well as from above downwards. It is to be remembered that all its blood-vessels and nerves pass from outward through the broad ligaments to both sides of the uterus, the examining finger exerting a counter pressure and remaining absolutely quiet, in order to prevent any irritation.

The elbow of the operator is supported by his own left knee. The whole of this manipulation, which presupposes the uterus to have been turned forward (which position of the organ may be a natural one or else caused by replacement), can only be done on a certain part of the uterus or on the whole of it, according to the previous diagnosis. It is equally suitable in an inflammatory state, in hypertrophy, or in the un-

comfortable and irritating twitching, which is often caused by the peculiar condition of the discharge, which then is very insignificant.

It is easily understood that this double pressure is applied in retroversion or retroflexion of the uterus, and if contractions prevent its being replaced forward ; the examining finger is placed on the posterior side of the lower part of the uterus, while the free hand acts on the anterior side.

If there are ulcers, which very frequently happens in chronic inflammation of the neck, powdered alum is applied in very small quantities with a small sponge every fourth or fifth day after the manipulations have been used. The treatment by manipulations is daily repeated.

A vagina douche, of not more than a tumblerful of water at a temperature of 28° *Celsius* or a still lower degree is used morning and evening ; the treatment by movements consist mostly, as in all pelvic inflammations, in derivative movements from the uterus.

As the double pressure and other manipulations on the uterus sometimes cause violent strangury-pains, especially if the bladder has been violently irritated, it is essential that these

should be prevented, which is easily done by anteversion of the pars vaginalis. When, however, the body of the uterus has to be treated more powerfully, it must be retained in retroversion; and in this case the uterus must be supported by the finger which has been introduced through the rectum. Should it not be desirable to leave the uterus in retroversion during this treatment, it may remain in anteversion, which is the more usual.

If the fundus be pulled firmly backwards, the support of the examining finger is given on one side of the pars vaginalis, while the manipulation through the abdominal walls is performed on the other, thus preventing irritation of the bladder. Whenever these manipulations are applied on the uterus or ovaries, these organs must be pushed towards the abdominal parietes as high as possible without causing the patient any uncomfortable sensations. The patient is thus saved unnecessary pains, while the fatigue of the operator caused by a deep and unnecessary inward pressure with the finger of the free working hand is also prevented.

Where an ulcer is to be treated at the same time, while the patient is on her back in lying

position the uterus must be placed, during the reposition and the following lifting, in a normal or rather in a more forward inclined position, which will be afterwards described. After the manipulations the treatment of the ulcer commences.

When obliged to bring the os uteri with the speculum so far forward as to be able to treat the ulcer, it is of the greatest importance that care should be taken lest the fundus uteri be pushed by the depressor so far backward as to turn over the uterus, for in such a case the effect of the previous treatment would be undone. It is therefore advisable to convince oneself as to whether the uterus is in its normal position or not; and if not, to replace it in its right position.

Sometimes a single or a mass of very small mucous polypi as red as blood, and scarcely larger than a small pin's head, are seen on the ulcers. These can easily and very quickly be cured by nipping them with a polypus-forceps. The insignificant bleeding caused by the nipping of the polypi is stopped by a small quantity of alum. Brandt acknowledges that he owes this mode of treatment to Dr. Sköldberg, who showed it him while on a visit at Sköfde.

The symptoms of the presence of polypi are discharge and irregular copious bleeding. A well-practised operator feels by the finger whether there are any polypi on the os uteri, and also by the form and firmness of the uterus whether a larger polypus, which is distinctly different from a fibroid tumour, exists in the cavity.

Notwithstanding the greatest care in cutting and filing the nail of the examining finger, irritations and lacerations of the mucous membrane on the anterior side of the pars vaginalis sometimes occur. These irritations usually heal without ulcerating, and if there are ulcers they are a sign that the patient is predisposed to them.

It is easily understood that if the os uteri is pressed by the finger backwards and upwards in order to replace, either by bi-manual re-position or with the aid of an assistant, the uterus from retroversion into the normal position, sometimes small scratches occur, but during his attendance on several thousand patients Brandt has never seen any other injurious effects except those slight ones just mentioned.

A blood-coloured discharge, or a slight bleed-

ing after each *séance* with manipulations, does not mean^{fr} more than a blood-coloured probe: this symptom is not in the least dangerous, and soon ceases, as the movements energetically increase the absorption and strengthen the relaxed integuments of the blood-vessels.

Those medical men are in error who, without personal experience, believe that this mode of treatment specially increases the flow of blood to the uterus, therefore increases the hæmorrhage, and consequently is very injurious to this complaint.

It is a fact that the vibratory pressure on the nerves of the pelvic organs increases their vital activity just as in any other part of the body; it is also a fact that pressure and squeezing on the uterus causes in it a momentary stoppage of the circulation; but the secondary effect is an increased vascular activity and also a derivation of stagnant humours, or, in other words, absorption takes place.

It is, therefore, probable that there are scarcely any other means which can be compared with the power of the manipulations in healing wounds in a natural way, in relieving chronic inflammation, and in stopping vascular bleeding

through contraction, especially when, in addition to the treatment, active movements are used, which increase the activity of the blood-vessels in the various muscles of the body and the flow of blood towards the extremities; the first object is to free the uterus when it is firmly fixed. After having treated the uterus thus for some time, it is so considerably contracted that even large soft swellings are perfectly removed.

In cases of enlargement and induration of the uterus, combined with considerable ulcers, the uterus generally contracts to such an extent as to attain the normal size.*

The diminution of the enlargement occurs sooner than the softening, but this also would probably be obtained by the treatment if continued for a longer time; the ulcers, however, are very soon healed and the bleeding soon stopped.

Since Dr. Nissen in Norway began to treat chronic diseases of the uterus during the catamenia with manipulations, Brandt very suc-

* It is very peculiar that some patients suffering from fibrous tumours suffer from giddiness and want of equilibrium while walking.

cessfully made use of the same method in metritis, parametritis, and oophoritis ; he therefore recommends it warmly.

Experience shows that in similar cases many patients must be treated still more gently and more carefully during menstruation than at other times, on account of their being then much more sensitive.

Another question arises as to whether this treatment would not be yet more successful immediately after childbirth during the period of expulsion of the placenta ; in all cases where there is no contraction of the uterus, or if some other cause permits it only incompletely. The beneficial results of manipulation in chronic metritis have been already sufficiently noticed by many medical men.

Mrs. M. J., of Stockholm, was seen by Dr. Sköldberg at his visit to Sköfde in the autumn of 1871. He convinced himself that she had a considerable wound and catarrh caused by ulcers ; he doubted whether Brandt would cure her ; the patient returned cured after a month's treatment, remained well, and was delivered in 1873, after an interval of nine years, of a third child.

Hitherto it has been thought that old pelvic exudations are very difficult to be cured ; hence the cure of such complaints by this method might be a sufficient cause for its approval and employment by the profession.

The number of Brandt's patients increased from 1863 to 1875 * from 36 to 85 daily, which is a proof that his treatment has for a long time been appreciated by the public. During the last years patients from France, Germany, Norway, Denmark, Finland, Russia and America have been successfully treated. What further advocacy of the treatment is necessary ?

XVII.--TREATMENT OF AN INDURATED AND THEREBY DEFORMED UTERUS.

The uterus is sometimes extremely small, and the os uteri so large, that the tip of the finger, introduced as into a thimble, reaches the internal os uteri ; on minute examination the open os is found indurated and like to a ring, while the upper part of the uterus and fundus

* Since 1875 Brandt was obliged, through pains in his right arm, to restrict his work first to 45, later to 25 patients per day.

is so atrophied, small and short, that it is felt to be almost pointed.

A short time after such an uterus has been treated, the lower hard part will be soft and contracted, while the upper part will be longer, thicker, and broader than the lower ; in fact, the uterus has again its normal form. A more copious discharge, with or without ulcers, will afterwards often appear, which as usual may then be cured by manipulations and movements.

XVIII.—TREATMENT OF CHRONIC INFLAMMATION OF THE ABDOMEN AND PELVIS.

This treatment was commenced in 1871 with a patient who after an abdominal inflammation was continually suffering from a large swelling in the abdominal wall.

The swelling extended from the right upper spine of the hip bone along the interior and anterior rim of this bone, and one inch deep to the other side of the pubic arch ; this and similar cases have all been lately cured. This complaint might be dangerous to life if formation of pus has taken place, and if this by a shock, push, vibration, or exertion, should discharge into

the abdominal cavity : but if the discharge takes place through the marginal abdominal wall externally, or through the vagina or rectum, it is very important that the operator should make a very exact diagnosis before he proceeds to any treatment.

The treatment consists partly of derivative movements—that is, of active movements of the muscles of the back and of the extremities while the patient is in positions which cause the abdominal muscles and fascia to remain perfectly passive, partly of manipulations acting directly on the swelling while the patient is in squat-half-lying position. These manipulations are repeated twice daily, and consist of gentle circular frictions, with alternately increasing and diminishing pressure in the direction of the operator's examining finger, which, either in the vagina or the rectum (without pushing the uterus), is gently and softly placed under the swelling ; during the whole operation this finger remains immovable on the same spot, and serves as a kind of observatory to enable the operator to prevent his free hand from any too strong action ; the left elbow must, therefore, be supported by the left knee of the operator. The

free hand placed with the palm or side of the fingers on the swelling moves gently in circles round and towards the middle of the swelling; the manipulation is done by the operator sitting on the left side of the patient in squat-half-lying position. He must use his hands with much care, while the right performs the work externally.

No attempt must be made to change the position of the uterus, to replace it, or to apply the direct abdominal movement described as No. 2 or No. 3, before one has succeeded by pressing and squeezing manipulations to cure the inflammation of the abdominal walls or of the ligaments which interfere with the mobility of the uterus, especially when these parts might be irritated by movements; it may otherwise happen that the swelling increases—that is, it might assume an inflammatory character, or if formation of pus has taken place, that the swelling may burst and discharge the pus into the abdominal cavity, which would soon result in death.

If a minute examination shows that the patient suffers from the consequences of chronic inflammation, and that more than one painful

place exists, and that the treatment has more or less cured the original inflammation, it happens that the patient complains of pain on another or opposite side of the pelvis.

If the new place be examined, one is surprised to find another less limited and perhaps more extended swelling, but which under treatment assumes a more limited form, and like the first is absorbed and disappears.

A minute examination is absolutely necessary.

As soon as the patient complains of a new painful swelling, which is sometimes of an acute and therefore more painful character, it must be relieved, as speedily as possible.

If the second swelling has not already existed, there is no doubt that a previous inflammation caused it, and that the tension of the abdomen during the treatment of the first swelling has caused irritation on the opposite side, and matured the second swelling.

It is very important that this treatment should be continued for a longer period, that it should be applied alternately more or less energetically, that there should be short periods of rest, which are as necessary for the patient as for the operator ; for the first, to prevent irrita-

tion of the nervous system through the pain ; and for the latter, to save the strength in his arm ; the stroking movements must be done in small circles from the uterus to the sides of the pelvic rings, to derivate the blood to the veins.

There are persons who continue for the sake of their greater simplicity to apply the simple lifting manipulations with or without pressure or squeeze, which Brandt warmly recommended in the beginning of his practice ; those persons who have used the double treatment only for a short time contend that the internal support considered, according to Brandt's experience in several thousand cases, as necessary in the treatment of abnormal uterine positions, as well as in the manipulations used in swellings, are not required. Brandt leaves it to the future to decide which treatment is most useful and reliable, and which the patients and the operators will prefer ; he is also in the habit of manipulating the uterus between the hands and towards the os sacrum without internal support in those cases where there is only an unusual enlargement of the uterus, and in cases where more strength can be applied without any danger.

XIX.—FLUCTUATING OR APPARENT SWELLINGS.

Although swellings are so frequent, Brandt has seen only three or four cases of fluctuating swellings amongst several thousands of patients. While examining the pelvis of these patients on both sides of the uterus with both hands he found the first time a distinctly limited flat, rounded, and elastic swelling in the abdominal coverings about the middle, between the uterus and the hip bone ; at other times he found one or several small swellings along the anterior edge of the same bone.

During the attempt to remove these swellings by manipulations, they disappeared in the course of a few seconds, but on closer examination these swellings were found to consist of stagnant humours, which were very easily driven upwards towards the abdomen into the triangle between the inguinal region and the navel. Brandt believes these swellings to be situated between the peritoneum and the abdominal coverings.

It was afterwards found that they accumulated every day again down in the same place, either

in consequence of their natural weight, or on account of the new humours which are there deposited.

As the *endosmosis* appears much too small in these parts, absorption movements—that is, fulling and other manipulations, followed by more or less directly acting active movements were tried for the cure of this complaint, and the result was satisfactory; the pain caused by this complaint is not a slight one, as the patients say.

A similar swelling or cyst situated internally on the upper part of the edge of the left pubic arch burst, notwithstanding the most gentle bi-manual examination, as an over-ripe berry bursts between the fingers; the pains only appeared afterwards while the patient kept erect, and lasted for several days; the liquid escaped along the peritoneum in form of a fine line, with a round soft ball on the left broad ligament near the womb; the most gentle manipulations caused the disappearance of the longitudinal passage, and afterwards the soft ball became smaller and less sensitive, and disappeared entirely. The above is mentioned as a caution, because the discharge of the swelling

into the abdominal cavity may lead to dangerous results.

XX.—TREATMENT OF THE AFTER-EFFECTS OF ABDOMINAL INFLAMMATION.

These patients complain of a pain here and there either in the abdomen or on its surface. The abdominal coverings are harder and less elastic than in the normal state and more sensitive to pressure. The function of excretion being to a certain amount impeded by the pain, which thereby is caused in the internal and external parts of the abdomen and pelvis, the patients, dreading the pains, do not take sufficient or suitable food ; thus deficient nutrition and bodily weakness are the necessary consequence. The patients are still more weakened by more or less sleeplessness caused either by the abdominal pains while in side-lying position or by fatigue from constantly lying on the back. The patients also complain of pain when they raise themselves in bed from a lying posture on the back into a sitting position, or when moving from this latter into the previous position—that is, in every movement during which the abdominal coverings are either contracted or extended.

If the inflammation has left behind larger swellings in the abdominal parietes, the state of the patient is still worse. In the first case the treatment is to bring the abdominal coverings into a normal state through first very gentle and then gradually increased fulling towards both sides of the abdomen and upwards. -

One must then try to increase the activity of the viscera while simultaneously suitable derivative movements are made towards the extremities and the back.

The stagnant liquid must be brought from the external covering of the abdomen into the body in all directions, and simultaneously the nervous and vascular activity must be increased in the intestines.

In the latter case, besides the special treatment of swelling, the blood must be directed outwards and from the pelvis.

XXI.—ON SEVERE FLOODING.

This complaint is mostly caused by weakness of the walls of the blood-vessels or by some special morbid growth, such as a polypus or fibroid tumour.

In the first case the uterus is more or less

enlarged, and here such movements are applied as indirectly derivate the blood to the muscles of the trunk, of the loins, and of the arms, as well as downward to the posterior muscles of the thighs. Afterwards the movements Nos. 2 and 3 with considerable squeezing and pressure and manipulations on the uterus are used as directly derivating. The movements are applied in the usual order.

In the second case the polypi must first be removed, and if they are small the treatment can begin the following day. If a more important operation is required the treatment should not begin before eight days, and even then only with the greatest precaution.

When the uterus is indurated and more or less enlarged the treatment will be of very long duration ; five to eight months and even more will be required to produce a considerable improvement.

Experience frequently shows that a perfect recovery cannot be obtained, although the patient may feel quite well. In such a case she must be satisfied to suffer less from hæmorrhage, to have lost all pains, and to have recovered her previous strength.

One of the patients after treatment was able to resume her domestic work and duties, and for a whole year was considered perfectly restored ; but after being exposed to cold in the feet and legs she had a relapse.

After another two months' treatment she recovered again, and during the two last years till now she has remained quite well. The uterus after the relapse was as large and as hard as at the end of the first treatment, but not larger.

Another patient, Mrs. L., used to suffer, by the least exertion, from hæmorrhage, accompanied with such heat that she was unable to bear any covering during the night ; during the daytime she dressed in the very thinnest dress. Her skin was dazzling white. The induration and enlargement of the uterus was so large that Dr. Sköldberg refused to treat her, notwithstanding my and the patient's earnest request.

In 1872, a year after a treatment of five months, the periods were again normal, and the uterus had again the same size, but was much more *hard* (indurated) than in a woman who had several children—a state which according to her letters still continues. The patient, who has never had any child, has been able for several

years to attend to her household duties, which she has not been able to do before.

According to Brandt, the manipulations during flooding should be made only on the body of the uterus, because the menstrual blood is excreted merely by the body of the uterus. It frequently happens, however, that after protracted loss of blood the vaginal part is tumefied and swollen. In this case the manipulations are applied to this part in order to cause absorption—that is, the cure of the swelling.

If the patients after manipulations, used for the treatment of discharge and of wounds, complain of slight bleeding, the manipulations must be applied as softly and gently as possible till the slight loss of blood ceases ; only then should the manipulations be increased gradually and cautiously, more stringently applied, otherwise the losses will be still greater.

The same precaution must be taken if the patients suffer from hyperæsthesia, and as long as this lasts.

Experience proves that manipulations on the pars vaginalis can be applied even while patients have the period only very slightly, or if it is deficient or if they suffer from discharge and

ulceration ; the treatment does not prevent the return of the period, especially where the general movement-cure is suitably used.

The following case is of interest ; the double-pressure having been repeatedly and successfully applied for the cure of hæmorrhage after miscarriage :—

In 1875 a patient, 31 years old, suffering from hæmorrhage after miscarriage, who, notwithstanding other medical treatment, was bedridden, was treated with the double-pressure. After two days she could rise ; on the third day she called on Brandt, where she had to go up and down stairs, and on the fifth day was well.

Another patient, 34 years old, had suffered from a similar hæmorrhage after miscarriage from February till July, 1875, was in vain medically attended in the hospital at Falköping till she was considered dying. As she did not improve she asked to be sent to Sköfde to be attended by Brandt. The physician considered it dangerous to life to let her be removed, and refused to take the responsibility. The patient, however, insisted, and was removed on her own responsibility. After the first *séance* the bleeding diminished, after the third it ceased, and after

the fifth the patient was able to walk quickly across the room and did not suffer. The treatment was still continued, the periods re-appeared normally, and lasted four to five days.

As such patients are obliged to remain in bed, either because they are too weak or because they fear to increase the hæmorrhage by rising, they must be attended while in bed. The treatment consists of :—

1. Stretch squat-half-lying, double arm rotation, with arm pulling upwards by the operator repeated twice, and a similar active arm movement repeated three times.

2. Half lying, forward and backward flexion of the trunk, with support on the neck and between the shoulders by the operator P. R., which means while the patient resists, and backward flexion of the trunk, G. R., which means with such an amount of resistance by the operator as the patient is able to overcome.

3. Squat-half-lying manipulation on the uterus (after it has been replaced forward from retroversion) downwards from the os uteri and upwards over the whole uterus, applied as strong as the patient can bear. The movement is first done very gently ; it is afterwards increased

even during the first *séance*, which lasts, with several intervals, from five to thirty minutes. The patient's face must be constantly watched, and if it betrays the slightest pain the pressure by the operator must be instantly diminished, and even stopped if the pains are too great. The attention of the patient is meanwhile directed to some other subject by the operator's friendly conversation.

4. Repetition of No. 2.

5. Repetition of No. 1.

The reason for the special enumeration of these movements is the wish to make them more generally known on account of their having been so very successful.

Since the restlessness and fear of the patients suffering from severe hæmorrhage cause very injurious effects, especially when the bleeding is caused or increased by manipulations, Brandt has repeatedly advised very weak patients to be placed under special medicinal treatment. Many physicians, however, having refused to attend these severe cases, he was obliged to begin the treatment and continue it. He was thus taught by experience that manipulations on the uterus done merely by frictions (as usually with

both hands) without the slightest pressure and during a relatively short period caused not only the arrest of the hæmorrhage, but that even the predisposition to this dangerous complaint disappeared. Thus even the most gentle manipulation on the uterus causes absorption and contraction of the blood-vessels, but as it is a dangerous application it should always only be done by experienced medical men, well acquainted with the theory of the movement cure.

Without having special experience in flooding after childbirth, Brandt suggests the possibility of its successful treatment by manipulations. But in these cases they should not be used powerfully, but definitely and sufficiently strong all over the uterus to excite its contractions ; if such hæmorrhage is not arrested death is the necessary consequence. The danger then is greater in neglecting than in applying the manipulation. Experience will prove that also in this case the arm flexion (described sub. 1) can be used.

XXII.—SOME CONSIDERATIONS ON THE INSUFFICIENCY OF THE TREATMENT OF ABDOMINAL DISEASES BY MANIPULATIONS ONLY.

If a patient suffering from uterine displacement and simultaneously from more or less severe abdominal symptoms, has lost the pains through a treatment continued for some time, the result can be called successful if the patient feels well, although the uterus is not in the right position. Medical men are also unanimous in agreeing that there is no reason for placing a woman under special treatment so long as she feels well and does not complain, although the womb is displaced. There is an exception in cases of sterility, which might be removed by restoring the normal position of the uterus and by increasing its vitality as well as that of its supporting parts.

Induration, enlargement, and abnormal position of the uterus almost invariably cause a sinking of the uterus. As long as this sinking

and abnormal position exists the patient is more predisposed to a return of the pains, although the induration and enlargement have been removed by absorption, that is by relieving the congestion, inflammation, and new growth which have caused the pains.

The cure of the last named complaint will only succeed in a certain degree ; for this reason one must try not only to relieve the pains, but to replace the uterus into the normal position. That this does not always succeed is admitted, but it is proved by experience that if the uterus is replaced into the normal position the patient is less prone to a relapse and return of pains, as when the pains disappear and the uterus continues in a bad position. It is also known that the uterus has been frequently replaced a long time before the other symptoms ceased.

Hence it is in the interest of the patient not to interrupt the treatment as soon as the pains have ceased ; it is much wiser to continue—not only till the uterus regains a more normal position, but also till the period when the conviction is gained that the improvement is a lasting one—as these patients are liable to suffer less at one time and to suffer more at another. That

the specific treatment of the uterine complaint should be combined with the general treatment by the movement-cure is evident.

Although this treatment appears very easy, and seems to be easily understood, experience shows us the contrary. For instance, how long it takes to learn how to make a rapid and minute examination with the least possible inconvenience to the patient!

If the operator has been accustomed to work only on one side of the patient, and is obliged by circumstances to place himself on the other side and to use the other hand, he will scarcely feel anything : he will move with difficulty, and inconvenience the patient more than is necessary. The beginner and the patient will both feel the discomfort, especially when the former has had no previous practical instructions, which requires much time, because a part of the manipulations is too fatiguing to be continued for a long time without injury to the operator. Brandt has been prevented since 1875 from working as hard as before because he over-fatigued his right arm, and desires to caution others not to do too much work.

In *prolapsus* and *displacement* of the *uterus* the

following *four* manipulations, have been successfully applied since 1861.

XXIII.—PERCUSSION ON THE OS SACRUM.*

As this movement is well known to those who apply the movement cure, we will merely state that if it is applied energetically while the patient is standing quite passively it increases the afflux of blood to the pelvis, and sometimes causes the immediate appearance of the menstruation. If the patient be in a more fatiguing position (f. i. deep crooked position), and the movement is applied more gently, it increases the vitality of the pelvic nerves and the absorption in all pelvic organs.

The position of the patient and the intensity of the movement is modified according to the state of the patient's strength and according to the object aimed at.

* In my Handbook of the Movement Cure it is described and illustrated under the name of *Knocking on the Os Sacrum*.—(ROTH).

XXIV.—DESCRIPTION OF THE MOVEMENT No. 2, WITHOUT ASSISTANCE.

(*Called Squat-half-lying Trunk Lift Vibration.*)*

The patient lies on the back on a sofa or on the gymnastic couch with the head high, thighs raised towards the trunk, knees bent and separated, the closed feet placed on the horizontal part of the couch.

The operator standing opposite to the patient, rests on one knee placed before the closed feet of the patient, while his hips and abdomen are opposite and between the patient's knees. He places both hands (with the points of the fingers slightly closed) round the body of the patient on both sides of the lumbar vertebræ, where they meet. He slightly raises, shakes, and vibrates the lumbar part of the spine, descends from the upper to the lower lumbar vertebræ, continues the vibration, and bringing by degrees his hands along the loins forwards to the groins. The base of his hands touches the couch after each raising and vibration, and thus enables him

* For description see the *Handbook* of the Movement Cure (Baillière & Co.).

to use a certain amount of power during the movement. When the hands glide from the anterior superior spinous process of the ilium downwards in the groins a pressure is made down towards the inguinal region, which acts from below inwards and upwards but pushes the uterus neither down nor outwards, which in prolapsus might easily occur if the movement is badly applied. This manipulation is continued always more downwards while the hands constantly descend lower. Immediately afterwards the manipulation No. 3 is applied, but always with the necessary suitable regard to the abnormal position of the uterus.

The round ligaments are provided with a larger nerve of the plexus lumbalis, which led to this manipulation in the hope that the cure of such complaints might be caused by increasing the vital force of these parts.

XXV.—DESCRIPTION OF MOVEMENT NO. 3, WITHOUT ASSISTANCE.

(Squat-half-lying vibrating pressure on the Uterus.)

Brandt describes the movement No. 3 without *assistance* in the following manner:—The patient

lies on the back either on a sofa or the gymnastic operating couch with moveable back (described in my "The Treatment of Chronic Diseases by Movements,") with the head much raised, thighs bent in the hip-joints forcibly pulled up, the knees bent and separated, while the feet are placed on the horizontal part of the couch.

The operator standing opposite the patient, rests on one knee placed in front of the patient's closed feet, while he leans with his hips and abdomen opposite and between the patient's separated knees. The tips of the fingers of both his hands, which are slightly separated from each other and supinated, are placed immediately over the pubic arch on that spot where the abdominal parietes oppose the least resistance ; they are then brought into the small pelvis, while the intestinal canal is removed by a gentle vibration, and the fingers try to reach as near and as deep as possible the internal anterior side of the pelvic ring, so as to seize the uterus and bring it (by a soft but energetic vibratory pressure directed in an arch upwards) into the direction forwards and along the back.

If the movement is well done, the operator holding the uterus in his grip, feels it in its whole length slide forward from the tips of his fingers, he being cautious to let it go gently so as to prevent its being suddenly pressed downwards by the vagina, a movement which is not only injurious, but productive of much pain.

In order to be able to place the fingers well under the uterus and to take hold of it, the operator is obliged to bend as much as possible over the patient while the fingers and arms are well stretched, otherwise the uterus remains either under or behind the tips of the fingers in the pelvis. If the hands are suitably placed flat on the abdomen, the abdominal walls slide slightly down; the movement causes less pain than in the case when the pressure is made at once upwards without the slight descent of the abdominal walls. The patient feels during the movement a distinct sensation that the lower relaxed pelvic organs are pulled inwards and upwards to such an extent that even the external parts of the sexual organs are pulled inwards.

If the prolapsus is considerable, the uterus can be raised upwards towards the navel during this

movement without any pain or bad effect—a fact which proves the parts supporting the uterus to be more relaxed and capable of being moved upwards in proportion to the sinking of this organ.

The two movements just described are done either gently or more energetically, according to the sensitiveness of the patient, but extremely gently at the beginning of treatment, and even without taking hold of the uterus; they are usually repeated three times on an empty stomach, or an hour after a very small breakfast. The bladder is always emptied before the movements are made. It is necessary to watch the patient constantly during the manipulation, and as soon as there is a sign of discomfort, to give way at once, and gently where this is necessary; the finger passes easily any resistance it finds, and without in any other way interrupting the movement, which is done over the chemise. As the patient has opened her dress before lying down, she should be covered with a shawl to prevent her catching cold.

While the manipulations are cautiously applied the patient herself is able to assist by her own sensations, to direct the activity of the nerves

to the part where it is to be raised ; if too great pains are caused by the manipulation, the patient tries to avoid them by increased tension of the abdominal muscles, which prevents the uterus being seized by the fingers.

XXVI.—DESCRIPTION OF THE MANIPULATIONS NO. 2 OR NO. 3 WITH ASSISTANCE.

As soon as the uterus has been replaced into its normal position, the operator, sitting on the side of the patient, places his forefinger on the anterior side of the neck of the uterus and retains it in its place, whereby the fundus, if freely moveable and not contracted, is raised upwards and towards the abdominal integuments. At the same time he places his free hand on the abdomen over the uterus from the top downwards, in order to show his assistant where he can take hold of the uterus (as described under No. XXV.), with the object of pulling it upwards and of turning it forwards with its upper end ; this is more easily effected if the neck is kept up and backwards during the whole manipulation.

Should the uterus have been pulled upwards so high that the operator is unable to reach the

neck, he must try as soon as possible, while the uterus is descending, to take hold of the anterior side of the pars vaginalis so as to prevent the uterus from descending still lower.

As the result of the treatment with assistance has proved very successful, the treatment without assistance cannot be advocated either conscientiously or scientifically.

Since this treatment without assistance was first introduced in 1861, experience has shown it successful in prolapsus, sinking and retroversion of the uterus, but it took five, six, and even eight to nine months to make a perfect cure especially in retroversion, and in general in all those cases where the abnormal positions made the grasping of the uterus very difficult. Since 1868 it has been found that in a large number of patients under treatment without assistance the uterus either remained immovable, or that no appreciable change took place in those cases where the abdominal muscles were relaxed, or the pelvis was very wide, because the uterus was pulled downwards and backwards; in some cases even an injurious change has taken place.

With the exception, then, of some more successful results, only those patients whose circum-

stances permitted them to remain a long time under treatment, were able to be benefited by the manipulation without assistance. These observations having been made for some time, *the treatment with assistance*, and its various combinations became more developed, especially during the last few years; experience has sufficiently proved that now scarcely as many weeks, as previously months, are required for the cure of the complaints mentioned.

As a consequence of the greater absorption taking place in the tissues through the squeezing of the uterus between the hands and in the direction of the os sacrum during the manipulations with assistance, even the cure of ulcers is much more quickly effected.

If the lifting and the retroversion are very painful, the operator must slightly relax his grasp of the neck of the uterus, or even let it entirely alone, which is better than to expose the patient, by his own grasp, to the danger of suffering from inflammation.

XXVII.—THE SOOTHING EFFECT OF THE HAND.

A large number of patients with abdominal diseases, having also nerve complaints, feel the effects of special movements in the stomach, the chest, the throat, and through irritation of the nerves even in the brain.

All these patients agree in feeling a soothing influence when, after the end of the last movement, the warm hand is gently placed for a few seconds on the lower part of the abdomen; the imposition then of the hand should never be neglected in such patients.

XXVIII. — REASONS FOR APPLYING THE MOVEMENTS (No. 2 AND No. 3) IN UTERINE DISPLACEMENT.

As the manipulation 3 follows the manipulation 2, the reason is evident *why*—(the first part of No. 2 not being comprised in No. 3—that is, that part which acts more energetically on the round ligaments)—the manipulation No. 4 is applied if the uterus sinks considerably, inclines, or

projects forwards towards the os pubis ; in the first case, the lifting is done upwards and forwards ; in the latter case, upwards with a pressure backwards.

During the first few years Brandt applied Nos. 2 and 3 in retroversion of the uterus, and as he believed that No. 3 is more efficacious, for some time, No. 3 only has been used ; in course of time, study and experience taught him better ; and now he uses always No. 2 in retroversions.

In prolapsus, Nos. 2 and 3 are constantly used. If the lifting movements are used in displacements with painful ovary, the pressure on the side of the painful ovary must be adapted to circumstances.

XXIX.—A CAUSE OF RETROVERSION OF THE UTERUS.

Although the aim of the treatment is to cure these complaints, it will be admitted that it is still better entirely to prevent them. It is desirable to inquire whether any circumstance during the treatment of women after their confinements contributes to the production of uterine retroversion ; although many women, notwithstanding their repeated confinements,

have the uterus in the normal position—that is, slightly forwards. Twenty years' experience and frequent conversations with women, have induced Brandt to believe that the lying position on the back, in which women are obliged to lie for nine days after their confinement, must be considered as a cause of the retroversion of the uterus, especially when the weak state of the patient is taken into account.

Although it is essential for women to have rest after confinement, there is no reason for punishing them with an immovable position for nine days, because a forced and continued position on the back is *not* rest. It is, therefore, desirable to move them according to their own wish, either to the right or left side, which might be done in a passive way, without any necessity, on the part of the patient, to exert herself in order to change her position. The contraction of the uterus takes place much easier when the mother herself nurses the child; it is certain that an early conception also retards the normal contraction of the uterus, which very seldom takes place before the ninth day to such an extent as to be able to fall backwards towards the os sacrum. It is a fact that the uterus,

when slightly contracted, lies forward after the confinement, whether the patient was in lying position on the back or on the side; the midwives and their assistants insist more strictly than medical men on the constant lying position on the back. How few women have medical aid at their confinement.*

XXX.—ANTEVERSION AND ANTEFLEXION.

These uterine displacements can be left conscientiously without any treatment as long as the patient does not complain of dysmenorrhœa, frequent micturition, or of pressure forwards with and without pain. These positions are quite normal in unmarried women, and experience teaches that no prolapsus uteri (outside the body) can take place except the uterus had previously a more reclined vertical position.

It is necessary to prevent this last position, and in case a patient has been treated for the sake of pains in anteversion, much care is to be taken that, as soon as the pains have ceased, the upper part of the uterus is not placed higher

* These remarks apply to Sweden.—Roth.

upwards and backwards. The nerves and blood-vessels are to be acted upon through the lifting manipulations in such a manner that the uterus may be inclined rather more upwards than backwards.

The operator's task is to push the uterus gently upwards with his free hand and the examining finger, and to press the fundus so far backwards that the assistant may be able to grasp it firmly from underneath; both the operator and the assistant must be very careful that the first should not place the os uteri too much forwards, and the second not to press the uterus too much backwards; otherwise, in either case, the uterus easily turns over, and a retroversion may take place.

If, notwithstanding the greatest care, the uterus be found at the next *séance* in retroversion, it must be treated as such a displacement; but it may afterwards happen that the uterus is rather inclined too much forwards than the contrary.

Thus the principal result of these manipulations depends more on the operator than on the assistant. If, therefore, any specialist attends to such cases, and has no experienced assistant, he must first instruct a person in the application of these

special movements, while he himself performs the principal manipulations, which should not be entrusted to the assistant. This rule should always strictly be attended to so as to prevent accidents.

XXXI.—TREATMENT OF CYSTOCELE.

After the employment of percussion on the os sacrum, the pressure on the nervus pudicus is made while the patient is in squat-half-lying position. It is to be understood that this treatment is used only for old women, who, in consequence of the constant sensation of a vaginal opening, ask to be relieved. Usually the inward pulling effects of No. 2 and No. 3 are sufficient.

XXXII.—TREATMENT OF RECTOCELE.

It sometimes happens that during the examination the posterior wall of the vagina is projecting forwards and downwards, and forming a more or less rounded little bag.

During the rectal examination, the point of the finger soon touches the pouch without being impeded by the anterior wall of the

rectum or the posterior wall of the vagina, although both form the pouch. It frequently occurs that before or during an evacuation of the bowels the excrements come into this space, the patients fancying they suffer from prolapsus uteri. Others, who are more intelligent, are aware of the cause, and relieve themselves by pressing with one finger the excrement inwards and backwards. The cause of all this is a rupture of the rectum. Several of these cases have been most successfully treated, and not only had several good confinements, but remained well for years. The treatment consisted of:—

1. Percussion on the os sacrum.
2. The special movement No. 2.
3. Lifting manipulation of the sigmoid flexure. The object is partly to increase the innervation of the nerves of the vagina and rectum, partly to stimulate these parts to greater contraction, which actually takes place as it is proved by the cure of the complaint.

XXXIII.—PRESSURE ON THE LOWER PUBIC ARCH IN INVOLUNTARY PASSAGE OF URINE.

The patient is in squat-half-lying position ; the operator, sitting opposite to her, introduces the index, as in the usual examination, into the vagina, but not higher than to enable him, with the tip of his finger slightly turned upwards, to surround obliquely the neck of the bladder. The other fingers are retained by the thumb.

For the purpose of repeating three or four times the very gentle pressure exactly on the neck of the bladder towards the os pubis, the working hand is grasped by the other, while care is taken that the point of the finger should not be removed from the spot while the pressure is diminished.

Afterwards the forefinger of the other hand is introduced, and placed on the spot occupied by the first ; and the pressure with this finger is also repeated three or four times ; the neck of the bladder is thus on all sides pressed towards the interior side of the os pubis.

Before the manipulations just described a percussion on the os sacrum and vesical vibra-

tion, in squat-half-lying position, is made ; thus the paralysis of the sphincter of the bladder, with the involuntary loss of urine caused by instrumental confinements, will be perfectly cured in from one to seventeen *séances*.

No woman suffering from this complaint, equally disagreeable to herself as to her *entourage*, will object to this treatment.

If the patient is lying with the back lower and the pelvis slightly raised, the operator, acting according to the instructions given in Note 4 on the uterine examination, introduces his forefinger along the posterior wall of the vagina, while his wrist is lower, the distance between the examining finger and the clitoris will be about one decimal inch (3 centimetres), as Brandt has demonstrated to several medical men who doubted this fact. Are those right, and do they really desire the well-being of women, who, without suggesting any better remedy, condemn mine? (Question put by Brandt).

XXXIV.—THE AMOUNT OF REST FOR PATIENTS AFTER THE APPLICATION OF SPECIAL MANIPULATIONS.

Patients suffering from prolapsus, retroversion, retroflexion, and sinking of the uterus or of the vagina, should not get up without aid after the application of the manipulations, for tension of the diaphragm and abdominal muscles is thus caused, while the intestines are thus depressed, and so push the uterus and vagina down and backwards.

It is necessary to support the patients either by the neck or the armpits, while they try to hold the neck and back stiff; they might also be shown how to use the arms behind for support when they get up alone. The patients are placed for five to ten minutes in a forwards lying position, and stretched on a sofa with a cushion under the abdomen; a gentle pugnial percussion is made on the os sacrum in order to stimulate the blood-vessels and nerves of the pelvis.

XXXV. — BRUISED PLACES AND GALLING OF THE SKIN OF THE ABDOMEN CAUSED BY THE MANIPULATION.

Arnica tincture, diluted with water, is applied in such cases, and in order to lose no time the tips of the fingers will be placed at the following *séance* on the bare skin either on the sides or above the bruised spots, and thus the treatment can be continued without interruption.

It happens, if greater pressure is required, that the glands are irritated on these spots and that they swell to the size of a hazel-nut or even more. If the patients do not complain formation of pus might take place and slight indurated swellings might remain even after the cure had been obtained. All these accidents are easily prevented by asking the patients to mention at once whether any bruising or galling of the skin exists.

XXXVI.—ON THE PERMANENCY OF THE EFFECTS OF THE TREATMENT.

Although it must be admitted that the same cause which has produced the first time in a healthy person an abdominal complaint might

still more easily cause a relapse, it is a fact that persons who have been really cured, continue under ordinary circumstances to enjoy very good health. Proofs exist that patients having been cured of prolapsus uteri in 1861 still continue in good health, and that the normal position of the uterus has been retained.

As the truth of this assertion can be ascertained from the persons who have been cured and are dispersed in all parts of the country (Sweden), there is no excuse for medical men saying that they are ignorant of these facts.

XXXVII.—SUGGESTIONS FOR THE PROTECTION OF THE OPERATOR.

That the operator (if he is not left-handed) should sit on the left side of the patient while applying the special manipulations is mostly proved by the treatment of abdominal swellings; the left and usually weaker hand serves merely as a support. To enable the left hand to work with power the left elbow should be supported by the left thigh (if at least half a day's continued work is intended), while the right hand applies the various manipulations of kneading, fulling, pressing, rubbing, and so on.

The very tense abdominal walls and the involuntary contraction of the abdominal muscles caused by the patient's sensitiveness and desire to avoid pain make the work of the operator very hard and fatiguing ; he suffers from sudden loss of strength, from pains in the deltoid muscle, or in the forearm and across the first joint of the fingers.

The operator must therefore use his strongest arm and hand for this fatiguing work, which he cannot continue long without injury to himself unless he pauses from time to time, both in his and the patient's interest ; by flexion and extension of the fingers and arm he must try and neutralise the effects of overwork. It is very fortunate that every operator is obliged, after having finished the manipulations on each patient, to rise and to wash his hands. The washing and cooling of his hand is not only necessary for preventing the transferring of injurious secretions from one patient to another, but also for preserving his own hand and especially the forefinger, the skin of which is sure to be galled and excoriated by the temperature of the patient's body, as well as by her acrid secretions.

Lapis infernalis and glycerine ointment are used according to circumstances. Sometimes a more or less intense pain is felt at the top of the exploring finger, caused by the pressure towards the exterior side during the examination through the rectum, where, in order to reach very high, a specially uncomfortable position must be assumed for a longer time during the application of the manipulations. In these cases the use of cold water is invaluable.

It is therefore very advantageous that the operator should be able to use both hands equally.

XXXVIII.—THE ASSISTANT DURING THE TREATMENT.

At first medical men very decidedly opposed Brandt's method of treatment, but afterwards they wished to introduce it, and that it should be carried out by medical men only.

Another plan pursued by medical men is that they wished only a few women to be instructed in the special manipulations. Although these assistants are much cheaper, they do not possess that amount of anatomical, physiological, and

gymnastic knowledge in which Brandt's pupils are instructed.

Such a course must be rejected, because these female assistants involuntarily do a great deal of harm to the patient, to the treatment, and to their employer : thus, for instance, the concentric abdominal stroking, the fulling of the stomach, &c., applied to patients whose uterus has been just replaced and is not yet sufficiently kept up, would again easily displace this organ.

The assistants can never have sufficient instruction if they are to be useful to the patient, the treatment, and the medical man employing them. The shorter fingers and the smaller power of women prevent them, with few exceptions, from attending daily for many hours a large number of patients.

As this work requires considerable practice, fine touch, and judgment, in order not to torment unnecessarily the patients and to cure them quickly, it is natural that many medical men do not desire to sacrifice their strength to this very laborious work, which is also very dangerous to the health and strength of the arm, of which Brandt has had sad experience on his own arm.

There is no doubt that it would be the best if

the diseases hitherto mentioned could be treated by women. That a healthy and strong woman, well instructed in all the necessary sciences and manipulations, having the suitable length of fingers, can attend a small number of patients has been proved by experience. As the number of patients is constantly increasing in proportion to the result of Brandt's treatment becoming more known, the insufficiency of female power is evident.

It is therefore desirable that such manipulators should be specially educated, or rather that many young and strong medical men should be induced to devote themselves to this speciality, for many patients are still obliged to wait too long for the aid they require.

XXXIX.—TREATMENT OF PROLAPSUS ANI.

Although not strictly belonging to the preceding diseases, the following manipulation is described because it gave the impulse to Brandt's treatment of uterine complaints. This is the so-called lifting or raising of the sigmoid flexure, which is used as a means for replacing the prolapsus recti. The patient is in squat-half-lying position ; the operator standing

on the right side of the patient, places the left hand over her right shoulder, and tries, after having placed his right hand gently on the abdominal integuments of the left groin, to push them gently before him and downwards into the inner side of the left ilium, while slightly vibrating with the hand he brings the tips of the fingers under the first curve of the sigmoid flexure, and afterwards in the direction towards the posterior side of the patient and towards his own left hand upwards.

If the movement has been done well the patient has a distinct sensation of the rectum being pulled in.

This manipulation is repeated three or four times, and is preceded by support-standing sacral percussion. In more advanced cases squat-half-lying alternate vibration of the rectum is applied. Afterwards an enema of five to six tablespoonful of lukewarm water is used.

XL.—SPECIAL TREATMENT WITH OR WITHOUT THE MOVEMENT CURE.

A discussion on this treatment in the Norwegian Medical Society proved the readiness of medical men to adopt in practice such parts

of Brandt's treatment as could be carried out by themselves, but they entirely rejected the treatment as at present practised : viz., the local treatment combined with the general movement as modified according to the special circumstances of the patient. Hereupon Brandt believes himself obliged to repeat the remarks described in Note XXVI., where he gives the reasons for changing the treatment of 1861, and where he also gives the reasons why the treatment with assistance is in many cases preferable. He adds that it has frequently occurred that the patient suffered not only from abdominal complaints, but also from constipation, chronic diarrhœa, functional derangement of nerves and blood-vessels, congestion to the head and heart, &c., and that it is evident that a merely local treatment of these cases would be useless if not combined with a treatment of the whole body partly by the movement-cure, and partly by hydrotherapeutic treatment, which therefore have been used. As it is doubtful whether these means can be substituted either by medicines or by mineral waters, it is a conscientious duty not to neglect kinetic and hydro-therapeutic treatment.

It is certain that the extensions of contractions and the treatment by manipulations can be done by a single person, but the most suitable is the medical man, because the treatment causes pain, and is not without much danger.

As long as medical men reject this mode of treatment it will be carried on by others having less education, knowledge, and skill. During a medical conference in Gothenburg in 1876 on the treatment of uterine disease by the movement cure one medical man declared that nobody should imagine that a merely local treatment will be able to cure the so-called abdominal complaints. The future will honour the man whose name was not mentioned.

XLI.—CONDITIONS OF THE NORMAL FUNCTION OF THE UTERUS.

The first condition of a normal function of every healthy living organ is not to be interrupted by external influences. These are the causes which prevent the healthy uterus performing its function normally if its nerves and blood-vessels, as well as the ligaments of the uterus and the tissues connecting it with the bladder and rectum, are in a

normal condition. The displacements of the uterus always cause either contractions or relaxations of the parts surrounding this organ, with elongation, congestion, and exudations. Hence the normal function of the nerves and vessels in the pelvis and still more in the uterus is impeded.

But none of these complaints can be improved, and still less cured, by forcing the uterus into a normal position with the aid of a ring or pessary. Does anybody believe that a paralysed arm will be cured by carrying it in a sling? Did any congestion or exudation in the ligaments of the uterus ever disappear by the use of similar contrivances? Are patients suffering from swellings (tumours) or strong contractions able to bear these instruments without getting worse? Is there any style pedunculated or other pessary of any use in these complaints? Electricity,* which has been praised, is probably not of more use, as it is not yet generally employed, although many trials have been made. Operations with the knife cannot be used in many cases.

* Dr. Tripier's method of applying electricity, which he calls electric gymnastics, has proved useful in some uterine complaints.—ROTH.

Although it cannot be denied that various patients treated with pessaries and rings have been improved, their cure has been effected by the irritation of the nerves and blood-vessels, produced by the introduction and adjustment of these instruments. Similar results have been frequently obtained without any instruments by the application of the manipulations during one *séance*. Brandt positively denies that the instruments have anything to do with the cure, and although there are many other zealous advocates of his opinion, the use of rings and pessaries is still continued.*

The only rational treatment is to cure congestions, exudations, and swellings by cautiously applied stretching, pressing, and other manipulations, while the relaxed and elongated ligaments are treated by lifting or raising manipulations, which cause contraction of these parts.

All these results can only be obtained when the function of the nerves is not too much impaired ; it is therefore an indispensable condition

* Just as the use of orthopædic spinal supports in lateral curvature is continued, although their uselessness and injurious effects have been scientifically and practically demonstrated for the last forty years.—ROTH.

of a normal uterine function that the uterine and surrounding tissues should be in a normal state.

XLII.—ATTEMPT TO EXPLAIN (*a*) HOW THE UTERUS IS FIRMLY RETAINED IN ITS NORMAL POSITION ; (*b*) THE EFFECT OF THE LIFTING MOVEMENTS.

Brandt considers it his duty to attempt such an explanation, although he knows how serious such a proceeding is, and how it will expose him to many disagreeable criticisms.

The uterus can be fixed either with the fundus or with the os at various points of the pelvis. These abnormal positions are caused not only by contractions in the posterior broad and round ligaments, or in the serous tissue of the fold between the uterus and bladder, but also by a more or less short and firm extra point of fixture, consisting simply of a contraction in the tissues of the abdomen or vagina, or both, with a more or less distinct swelling in them.

Considering that the more normal the vagina is, the more it is contracted in transversal folds ; it must be assumed that these folds serve to fix

the uterus downwards, which is entirely contrary to the opinion of those authors who assert that the vagina acts as a spring or a hollow stem of a flower. Hence a relaxed vagina permits much more easily an uterine displacement on the other side of the point of fixture on the more heavy end, which has besides to bear the pressure of the higher superincumbent parts.

If the uterus be compared to a reversed cone, which is lightly fixed at its lower third, and if the vagina be compared to the sheath of an egg, which begins at the point of fixture and encloses the point of the cone, it is easily understood that by stretching this enveloping membrane the position of the upper heavier end of the cone will be influenced.

When the sheath is more or less relaxed the upper end will assume any other position dependent on the various circumstances acting upon it. This is the function of the vagina in fixing the uterus if the other supporting parts are normal; in the opposite case, where these parts are sunk down, no tension can take place.

As the elasticity of the vagina is considerable, it does not prevent the motion of the uterus during the act of inspiration. The vagina has

the quality of involuntary mobility and of contracting itself obliquely, as it is seen when a speculum is removed.

In three cases amongst several thousands another similarly involuntary and very slight mobility has been observed, which appeared under the form of alternately increasing and decreasing shocks, and thus proved to be of a spasmodic nature. This mobility can neither be produced nor prevented by the will of the patient, and does not consist of a contraction of the vagina, but of a contraction of the circular muscles, as well as of those on the basis of the pelvis, which last are thereby lifted, as is easily noticed during the vaginal exploration by the three last free fingers. This symptom is neither painful nor has it any special meaning, and has been only observed in persons who have had no children.

A direct proof that the function of the healthy vagina is to contract itself downward in its longitudinal direction is given by observing the sluggish return of the uterus upward when let loose by Sims' hook (after having been pulled down to the external opening of the vagina, by the combined action of the peritoneum and the

ligaments), and by observing how tightly the vagina surrounds the exploring finger while the uterus is pulled up by the movements 2 and 3, and how forcibly it is pushed down if it is suddenly and unwittingly let loose.

Brandt therefore does not admit that the vagina supports the uterus upwards, but is positive that it fixes the uterus downwards.

The possibility of increasing the vitality of a relaxed vagina has been proved by experience, although not in all cases.

While examining a female dead body after removal of the intestines it will be seen that the uterus is supported by the two ligaments, that is by the double fold of the peritoneum. As the uterus is covered up to the neck by these ligaments, and as it appears to hang on these points of suspension as on a horizontally fixed relaxed rope, it is easily understood why the fundus uteri ascends higher than the points of fixture of these ligaments on the sides of the pelvis.

In a similar manner its other supports bear the uterus forward towards the bladder and the os pubis, and backward towards the rectum, the os sacrum, and the os coccygis.

The round ligaments in their normal condition

only fix the fundus forward. As soon as the uterus has lost its natural position through a strain, fall, or similar cause, the following symptoms are always observed : pain, feeling of weight in the pelvis, mental restlessness and depression, to which may be added the usual consequences of chlorosis, the falling in of the chest, relaxation of abdominal muscles, a pressure of the intestines downwards either by the diaphragm, or by their own weight, a consequent pressure on the peritoneum on the points of fixture of the uterus, which have given way to the sudden pressure and to the strain : this explains the sinking of the uterus.

The hypothesis of the elasticity and of the weakness of the points of fixture of the uterus appears to be confirmed by the possibility of observing with the aid of Sims' speculum, the slightest changes of the uterus caused by its more or less deep movements up and downward.

Women with sinking of the womb often complain of a sensation of heaviness in the direction of the sexual organs, of a sucking in the scrobiculus cordis, and of traction downwards towards the os sacrum ; these symptoms are more prominent in complete pro-

lapsus. Brandt bases on these symptoms his opinion that the peritoneum supports the uterus, and that the above-named ligaments and folds about the bladder help it to do so. Whether, in the normal state, also the air vacuum in the body over the pelvis contributes to the support of the uterus Brandt does not know, but he is inclined to believe such to be the case.

As it is an acknowledged fact that absorption can be promoted by passive movements, and nutrition by active movements, it is evident that the vascular activity can be regulated in the pelvic organs. Experience having shown that percussive vibratory pressure on the nerves and similar movements increase the innervation, the consequence is that pressure on the solar plexus,* percussion on the loins and ossacrum, as well as lifting and other suitable movements, increase the vitality of those nerves which run from the solar and sacral plexus to all the pelvic organs.

Since 1861 experience in several hundred cases

* Anyone who knows something of the movement-cure will soon be convinced how easy it is to reach, through pressure, the solar plexus, and to act on it even in very stout persons.

has confirmed this by the cure of abdominal complaints.

If the abdominal cavity has been relaxed by any cause,* there is no doubt that its effect will extend downwards, and cause relaxation of all the parts surrounding the uterus.

The normal position of the uterus does not merely depend upon the strength of the part which supports it, but on the elasticity and harmonious development of the peritoneum, diaphragm, and the muscles of the abdomen, chest, and back.

It is of the greatest importance in the treatment of these complaints always to be able to grasp the uterus, to pull it up into its natural position, because only in this indispensable condition is it possible that all parts of the vagina should be stretched and stimulated to contraction—an object which can never be obtained with certainty, except with the aid of a skilful assistant.

* The abdominal relaxation can be a partial one on one side of the peritoneum, which separates the abdomen from the pelvis. The abdominal muscles and the diaphragm may have been strained; even the relaxed state of the muscles carrying the head, trunk, and ribs may cause a relaxed abdomen.

Through such a lifting of the uterus a stretching irritation on the vagina, on the peritoneum, and on all uterine ligaments takes place. The secondary effect is a contraction of all the parts **from** the uterus upwards, downwards, and to both sides ; as all these parts are equally strengthened, the uterus regains all its supports and normal position. Just as daily active exercises strengthen and develop the muscles, and as the uterine ligaments possess muscular fibres, and the vagina specially strong muscular bands, these will similarly be strengthened and developed by the daily repetition of well executed lifting movements, while the activity and normal state of the whole carrying apparatus of the uterus will be restored. The necessity for the double treatment obtains an additional proof by all the preceding remarks, and is still more proved by the cure of chronic complete uterine prolapsus. In these cases the dry vagina, very much like the external skin, after a short treatment, and after having been fixed in the body, first of all becomes soft, and then forms large round folds which soon contract to such a degree as to be considered normal.

The opinion that the uterus obtains a support

by the muscles of the lower part of the pelvis is not confirmed by the experience gained in prolapsus, even although the uterus is possibly retained in the body by those muscles as by a "double seam," as Dr. Kiechler says, the continued complaints of the patients prove their insufficiency; how could otherwise the pains be explained, which are caused by the abnormal position of the uterus.

Considering the importance of the muscles of the lower outlet of the pelvis, an attempt has been made to strengthen them in the treatment of prolapsus of the vagina or uterus, and according to the unanimous opinion of the patients the immediate consequence was a favourable effect on the vagina; the experiments will be continued, although Brandt does not dare to believe all that is probably still to be obtained through this treatment. All patients in high half-lying position with the feet pressing on the sofa, who thus raise the hips that the thighs form a prolongation of the trunk and permit a knee division, feel the strong effect of this movement on the muscles of the lower outlet of the pelvis.

In prolapsus of the rectum, which is sometimes considerably relaxed and elongated without its

upper part being pulled down from the normal position, experience has often shown that lifting of the sigmoid flexure and the subsequent percussion on the os sacrum have made a cure. These effects therefore might be similar to those which cause the contraction of the rectum and the cure of the complaint. The rectum has in the normal state sufficient muscular bundles, which, when weakened, should always be stimulated, in order to develop them upwards, by the daily repeated pulling up or stretching of the rectum.

It is certain that passively acting percussion and pressure increase the absorption of stagnant humours in the morbid relaxed parts in the lower part of the pelvis, and thus act beneficially; the pressure movements, however, without the extension would not be sufficient.

XLIII.—FLOATING KIDNEYS.

Besides the tumours and swellings of the gall bladder and indurated excrements in the colon, Brandt mentions a swelling of the lower part of the descending colon so large and hard as to have been mistaken by a renowned

physician for a kidney. Having heard this opinion, and having been also asked to examine the patient, Brandt agreed with the physician's diagnosis. He nevertheless afterwards had an opportunity of convincing himself that the hard tumour could not be glided from the spot, while floating kidneys can be easily moved. It was a swelling with constriction of the colon, which moreover caused the patient's death.

The possibility of the absorption of such a swelling in the colon is proved by the experience in the treatment of swellings in the peritoneum, in the uterus, and in the canal of the coecum. The treatment is composed partly of derivating movements increasing the flow of blood towards more remote large muscular groups, partly of direct absorptive movements on the swelling, which are done with the greatest precaution.

A patient who after a protracted treatment, and after careful examination, should have been cured of the abdominal complaints, still continued to complain of much pain, which induced her medical adviser and Brandt to look out for a floating kidney.

After the floating kidney, which was examined with the tips of the fingers by four persons, had

been replaced into its normal position, it remained so concealed that it was impossible to push it down again.

In a case of an unmarried lady who at her arrival stooped very considerably, and who in consequence of constant pain was unable to raise herself into an erect position, examination showed that the right kidney had after a strain sunk down so deep into the abdomen that its upper end was half an inch under the last rib ; the kidney, in its full length, was between the exploring tips of the fingers in the direction towards the pelvis.

After a treatment of eight weeks the patient recovered not only a healthy appearance and the power of remaining in an erect position, but the kidney had so far been replaced into the normal position that in squat-half-lying and overturn position only its inferior end could be found below the liver. A similar good result has been obtained by a treatment of eight weeks in a case of a married lady. As there was the greatest difficulty in the beginning of the treatment, it may be said that the remaining very slight sinking in both cases might have been entirely removed by a longer treatment.

Experience has proved that the movements have restored its previous elasticity to the peritoneum when relaxed below near the pelvis—that is, that the peritoneum has been contracted upwards ; therefore it is evident that the peritoneum can also be stimulated in other parts to contract.

The kidneys are supported not only by the peritoneum, but by the walls of the large vessels (both afferent and efferent), which simultaneously with the peritoneum are more or less relaxed by the force caused by a tearing away or downward pressure of the kidneys, which hang in a sack in the peritoneum. It is therefore not a belief, but a fact, that the relaxed parts can be again restored by suitable treatment, and the kidneys not only replaced, but kept firmly in the normal position.

The pains accompanying the sinking of the kidneys originate in the impeded function of the vessels and nerves, which are thus very much extended, while their diameters are diminished. Swellings are thus produced—partly by the impediment through the pressure of the kidneys on the intestines, and partly by the retention of gases and excrements with concomitant nervous pains.

After the cure of the abdominal complaint the patient was dismissed with the usual prescription in kidney pains, viz., to push herself, while in crooked-back-lying position, the kidneys cautiously and gently upwards, and afterwards to apply the usual vibratory pressure under the kidney, in order to cure or to prevent the complaint after it has been relieved, but not perfectly cured.

The special treatment, besides the general previously mentioned one, consists in transversal loin percussion, and in a slight gentle five or six times repeated squat-half-lying vibratory lifting of the kidneys in such a way that the operator, after having glided the kidney on the side of the body under the liver, and after having placed himself in stride sitting position near the patient's knees, puts both hands inwards and upwards under the kidneys, till all the points of the fingers of both hands glide along the inner side of the back to the key-form deeper place on the side of the spine.

Notwithstanding the assertion that the kidneys can only sink slightly in consequence of the strength of the short membranes of the blood-vessels of the kidney, there was a patient in 1874 whose left kidney on her arrival was deep in the

pelvis, one being directed upwards towards the os pubis, the other backwards towards the os sacrum, in such a firm position that it was taken at the beginning for a firm ovary. The Norwegian physicians Nissen and Gron had watched the case. At the second *séance* it was observed with great surprise that this body easily glided upward into the position of the left kidney, an occurrence which afterwards happened daily after the manipulation No. 3, which was used against the retroversion of the uterus. The kidneys, however, were still pressed down through the spasmodic tension of the abdomen, notwithstanding the treatment. Later the spasm disappeared, and the abdomen was soft. This case has been mentioned to prevent others from making similar errors in diagnosis.

In 1877 three patients came under treatment whose kidneys had sunk deep down in the abdomen. They have since been completely cured, and the kidneys are as high and firm as in any healthy person. The effect of the pulling up of the legs cannot be relied on in floating kidneys, because the relaxation is in the supporting parts of the kidney, but not in the thighs.

The kidneys are pressed down from the

normal position by the same cause which produced the complaint, and which has torn away a part of the membrane on the inner side of the back. The kidneys are therefore hanging as in a pouch, the membrane being so relaxed. Hence every pressure on the kidney from above downwards causes great pain, as the peritoneum is very sensitive. These pains serve also as a caution lest the internal membrane should still more be torn away or stretched, which only increases the complaint. Every operator will understand that any movement pressing down the diaphragm, especially by fulling the abdomen towards the coecum, the colon, or intestines, or by transversal abdominal friction ; strong transversal hip or back percussion will also aggravate the evil.

As this complaint is not so very rare, the diagnosis of floating kidneys is easy, and as a complete cure can be effected without any application of percussion, merely by the simple use of the hands, the attention of the operators is directed to the following.

XLIV.—THE DIAGNOSTIC GRASP DURING THE EXAMINATION OF THE FLOATING KIDNEYS.

The patient, after having loosened her dress round the body, is in the ordinary squat-half-lying position ; the operator sits on her left, and turns towards her. He takes hold with his left hand of the right side of the patient in such a way that his thumb is flatly pressed inwards under the lowest rib, while the other closed fingers are placed in the loin. Before pressing the thumb nearer towards the other fingers the patient is asked to take a deep breath. The right hand presses the abdomen gently from below upwards and outwards on the right side of the patient's body. The kidney which was sunk is still more pressed down by the deep breathing and by the more clenched fingers of the operator placed on the left side.

During the pressure of the right hand on the abdomen inwards and upwards, and outwards towards the side of the patient's body, the kidney is distinctly pressed towards the fingers of the

left hand, so that it is felt either by the thumb or by the fingers, which are directed backwards, can be moved between the fingers of both hands, if enough space is left for this to-and-fro movement, without letting the kidney escape from the fingers. When the grasping left hand is slightly and gently opened it is felt how the kidney, by the slow pushing of the right hand, glides up between the fingers, and finally disappears more or less behind the liver. This examination is easy when the stomach is empty or before dinner, but very difficult and uncertain after a meal.

The following two cases prove the necessity for exact diagnosis :—

Mrs. W., who was ill for four years after a confinement, was treated for heart disease and inflammation of the coecum, first of all with medicines and afterwards with movements. After two months she was obliged to cease the treatment which caused her continued sufferings and burning pains of several hours' duration. When placed under Brandt, a sinking of the right kidney deep into the abdomen was observed.

Miss J., ill since 1867, was, without any good

result, treated by several celebrated physicians for chlorosis and abdominal complaints with medicines and movements.. In this case Brandt found a sinking of both kidneys deep into the abdomen on her arrival.

Both these cases having been seen by several physicians, prove how desirable it is to make minute examinations before abdominal pains are treated by medicine and movements.

XLV.—DILATATION WITHOUT FORCE, OR TREATMENT OF CONTRACTION OF THE SPHINCTER ANI.

In § XII. an opinion was expressed that the necessity and the great success of forcible dilatation might be doubted; persons who have undergone this operation have also declared that in advanced age or weakness from previous complaints it has caused the complaint opposite to that for which it has been used; it will therefore be shown that the operation done without force, pain, and inconvenience, can produce very good effects.

It is stated that the indication for forcible dilatation (the pain of which can be diminished by

chloroform) is a contraction of the sphincter ani, consequent on morbid formation in the rectum.

The practitioners of the movement-cure have proved many hundreds of times that similar contractions on the muscles, tendons, uterine ligaments, and peritoneum, can also be cured without force.

The relaxed state of a muscle frequently causes the contraction of its antagonist, as is seen after apoplexy, in paralysis of the bladder with spasm in the sphincter of this organ, as well as in chronic constipation where the accumulated excrements considerably enlarge and paralyse the intestines ; also after confinements when the constrictor vaginæ muscle is specially relaxed, a contraction of the sphincter ani frequently occurs, although it does not always last a long time. It is the chronic and lasting contraction, which is treated in the following manner : After the application of the movements required for the patient in general, a gentle percussion on the os sacrum is made use of for the contraction of the sphincter ; the patient is then placed in the usual side-lying position (as in examination with the speculum), while the operator passes both his (previously oiled) forefingers, one

after the other, through the sphincter as far as the patient can bear it without pain. The muscle is now extremely slowly expanded by gently separating the hands, while the fingers are mutually supporting themselves with their tips or first joints; the patient's face must be constantly watched and her attention diverted by some interesting and diverting conversation. The extension of the muscle, which is regulated by the thumbs placed between the two fore-fingers, can thus be instantly stopped or continued according to the discomfort and pain caused to the patient; an additional advantage is that the extension can be still more increased or arrested without any change of position of the two fingers.

The best proceeding is to place the free fingers of the one hand upwards between the legs, and those of the other hand between the glutei. The time for extension should not exceed 30-45 seconds, and be divided in two to three extension-movements. Afterwards a few definite pressures are made on the nervus pudicus round the anus and a derivating friction or stroking down the legs; the patient will thus not feel any discomfort after the

manipulations. As the dilatation is modified in various patients according to the degree of contraction, it is sometimes desirable to use only the little finger at the beginning, and afterwards the forefinger. It is quite sufficient for the manipulation to be done once a day.

Brandt admits that this explanation of the causes of this complaint, as well as many of his remarks contained in this pamphlet, are not expressed very scientifically, which is frequently considered by the learned as the principal object; it is a most important fact, however, both as regards him and his patients, that the latter have recovered their health by his treatment.

XLVI.—THE TREATMENT OF CATARRH OF THE BLADDER AND OF SPASM IN THE MUSCLES OF THE BLADDER.

The aim of the treatment of catarrh of the bladder is not only to derivate directly by movements the blood from the bladder—that is, to promote the absorption, but also to increase the peripheral circulation by movements, and then to diminish the flow of blood towards the bladder.

Alternate succussion is used as the most suitable, directly acting manipulation ; the upper pressure on the os pubis is unsuitable, because the sensibility and irritability of the bladder do not permit it to slide away, or to treat this organ as gently as is done by the succussion. If the spasm is caused by deranged equilibrium in the nerves of the constrictor of the bladder at the sphincter it is desirable to increase the activity of the nerves of the weakened muscle ; sacral percussion, therefore, as well as alternate succussion and pressure under the os pubis must be used. Besides this, the increase of the innervation on the muscles of the arms, chest, and back, diverts the patient's attention from his complaint, and is very useful.

As strangury is frequently caused by cold of the lower extremities in persons disposed to this complaint, strong foot-and-leg movements, with percussion on the thighs, are added to the other treatment. A suitable diet is always prescribed in these cases. Patients have been cured by this treatment whose urine was mixed with blood and slime, and whose faces were pale and lips colourless from pain and anxiety.

XLVII.—TREATMENT OF PAINFUL CATAMENIA.

It is generally believed that the cause of these pains is the constriction or flexion of the neck of the uterus—that is, some mechanical impediment. The medical treatment included the opening of the os uteri by the knife, the use of pedunculated pessaries, and the dilatation with strong probes.

It is known that blood possesses the property of flowing out directly after a prick of a fine needle ; but if there is time for coagulation of the blood to take place, a much larger channel will be required for its passage.

Based on this fact, patients have been successfully treated who have suffered from the above-named impediments, and even where the tightness prevented the introduction of a very fine silver probe, which a mere flexion of the neck could not have prevented.

The patients suffered at previous periods of the catamenia from icy-cold hands and feet, congestion of blood to the head, dilated pupils, and

very strong spasmodic attacks downwards, which lasted for several hours.

If the blood for some time before the periods is brought more energetically down by daily movements, it will be excreted quicker, and to pass with more force and much easier through a narrow and bent neck of the uterus than through a fine needle prick ; thus these patients, treated by suitable and well-directed movements, find themselves much relieved, and often without any pain during the next period. No specific movements are applied in these cases, but only those used generally in the movement-cure.

XLVIII.—ATTEMPT AT AN EXPLANATION OF THE CONDITIONS OF CONCEPTION.

As the treatment of uterine diseases described in this pamphlet removes many abnormal conditions which prevent conception, sterility will diminish in proportion to the removal of these uterine complaints. Although the conditions of conception are still a secret, and to a certain degree will remain so, there is unanimity regarding

the fact that an ovum must be in the uterine cavity, and there fructified if a living being is to be born.

If the sexual organs are healthy and the monthly period regular, conception depends upon a part of the semen being introduced into the uterus at the right time. The question is, how is this possible if not a drop of water can pass into the uterus during the usual injections. By the introduction of a round speculum it can be seen how the os uteri is thereby enlarged.

The uterus being pulled up on these occasions, and the woman in a position favourable to the uterus, the semen falls directly into the os uteri through the vagina, which in this case acts as a funnel, contributing considerably to conception.

Patients suffering from violent hæmorrhages feel a dilating and contracting sensation in the uterus before the blood passes ; others are relieved during conception from the discomfort which otherwise always follows this event. It is thus a fact that the uterus opens itself in certain conditions, although this is sometimes impossible from deficient elasticity, caused by chronic metritis of the neck.

The opening of the uterus does not depend

merely on its elasticity, but, what is more probable, on the activity of the nerves in those parts which fix the uterus on its sides. It is therefore essential for conception that the uterus should be in a perfectly normal condition, that all swellings, exudations, and contractions in the fixing points should be removed ; conception is impossible if the opening of the os uteri does not take place at all or not at the right time. Although this treatment removes the causes of sterility in most cases, it must humbly be confessed that there are cases in which absence of the blessing of heaven is the only possible explanation of sterility.

XLIX.—TREATMENT OF SOME PATIENTS DURING PREGNANCY.

Experience proves that the abdominal manipulations Nos. 2 and 3 and other manipulations on the uterus invigorate the nerves, soothe the spasms, and promote contraction of the uterus ; that a threatened miscarriage has been arrested by movement No. 3 in a lady who had previously two miscarriages. Therefore it is probable that the repetition of the often dangerous miscarriages can be prevented by muscular

active movements and passive manipulations. The character of miscarriages proves them to be mostly caused by a morbid activity of the nerves, which cannot be better treated by any other means than the movement-cure.

It is generally assumed that a similar treatment is injurious during pregnancy, or at least useless, but experience proves the contrary.

In 1872 Mrs. R., 30 years old, was in the second month of her pregnancy. The uterus was placed horizontally backwards, and ever since her seventh year she had had prolapsus ani; a midwife called her attention to the desirability of seeking advice. After a treatment of four weeks the uterus was firmly placed forward and the prolapsus cured.

Mrs. T., 22 years old, in the second month of her first pregnancy, suffered from pains in the swollen left ovary. After a treatment of twelve days the pains left; she had a healthy child.

Mrs. S., 34 years of age, who suffered in 1878 from swollen painful ovaries and other complaints, was in the second month of her third pregnancy. The treatment was continued till the middle of her pregnancy, and her confinement was a very easy one.

Besides these cases there are two others treated by another operator on Brandt's principles; one of them was attended even an hour before her confinement. Both had very easy confinements, and were loud in their praises of the operator and of his mode of treatment.

At present (1880) a patient is under treatment, hæmorrhage and pain threaten a miscarriage. She is young, the second time pregnant; was married in November, 1878, had her first miscarriage on the 3rd March, 1879, in the second month of her pregnancy, and the last catamenia on the 25th May, 1880.

After a visit to the capital, where she lived on the third floor, and had to mount many steps, she had pains in the abdomen on the day of her arrival at the watering-place on the 2nd August, 1879, and a slight hæmorrhage, which soon ceased after a suitable treatment. On the 3rd she returned from an excursion in a little boat, whence she jumped on shore, and then ran up a small hill. A relapse of the hæmorrhage occurred, but while being treated by manipulations, soon ceased. On the 4th the patient again ran down and up a hill, which increased the sensation of pressure downwards and caused

some pain, which again were relieved by suitable manipulations. She came under treatment twice daily till the 10th, and once daily till the 12th August, when she perfectly recovered and continued well.

The question is whether the uterus and the broad uterine ligaments are usually considerably and morbidly swollen in miscarriages. An affirmative answer is very important with regard to treatment.

In this last case the os uteri was well closed and pulled backwards, the uterus was soft and so considerably swollen that it reached to the navel and extended on both sides. A small induration was observed on both sides near the hip-bones, which was thought to be a swollen ovary. On the whole more sensitiveness prevailed than is the case in the usual pregnancy. The os uteri after the relapse of the 4th was sunk considerably downwards towards the external aperture. These symptoms were considered in the beginning as signs of a pregnancy of four months' standing.

It was a great surprise to find after a continued period of treatment that the tumefied parts contracted very quickly, that the uterus

was replaced in the normal position, and that all swelling had disappeared. If such swellings are frequent when a miscarriage is threatened, the movements would be the most reliable curative means.

The treatment of this last patient consisted in

1. Stretch-crooked-stride-sitting arm flexion.
2. Crooked-sitting, alternate trunk turning.
3. Manipulations on the uterus and the surrounding parts.
4. Movement No. 3 towards both sides.
5. Passive manipulations on the uterus (most carefully applied), and
6. Finally the repetition of No. 1 and of No. 2.

The patient, a strong and big woman, was recommended to remain as quiet as possible, to avoid all culinary operations, to move freely about in the room, and to walk in the flat courtyard, to which there were only three steps. As the season was warm, she was permitted the daily use of cold water frictions, to which she was accustomed. Stimulating food and drink were forbidden, and she was advised to be cheerful and in good spirits.

L.—THE TREATMENT OF DIFFICULT CONFINEMENTS.

It is a well known fact that females of both the human and the animal races that appear weak and miserable during their pregnancy have big children, although their labour is difficult. These mothers recover but slowly their strength and health, and are not good wet nurses ; while other mothers who look strong and healthy during their pregnancy, have small children, are easily confined, and as they soon recover their strength, make good wet nurses.

The children of the working classes (in Sweden) are born with small heads and apparently weak bodies, while their mothers' confinements are, compared with those of mothers not belonging to the working class, extremely easy. The sooner these facts are generally known the more general will be the use of the movement-cure for pregnant women of the non-working classes. A strong generation depends as much, and even more, on healthy and strong mothers than on strong fathers. Children born small get big and

strong if well fed by good mothers' or nurses' milk. If the movement-cure is to produce the desired aim, viz., less difficult and more natural confinements, the operator must remember that the pregnant woman has to nourish two lives—her own and that of the foetus. The efficiency therefore of the digestive organs must be increased, the muscles and articular ligaments, which during the confinement are most actively engaged, must be strengthened; and with the exception of the psoas and iliacus muscles, the nutrition of the mothers' whole musculature increased. Thus the foetus gets less nourished, remains smaller, and the confinement will be much easier.

A patient suffering from abdominal complaints, who many years ago had been under treatment in Sköfde, mentioned that all her confinements were extremely difficult, with the exception of the last, which she ascribed exclusively to the excellent treatment of an operator acting on Brandt's principles. The operator in question having observed that the patient suffered from general weakness and from a peculiar stiffness in the muscles of the thighs, he thought that the confinement would

be less difficult if the muscles were strengthened and their activity increased. The successful result of treatment of many other cases in Brandt's practice might be sufficient to convince those whose prejudices are not deeply rooted.

LI.—REGULATION OF THE FLOW OF MOTHERS' MILK BY MOVEMENTS.

For years Brandt has been convinced that the secretion of milk can be modified by movements. Having had no opportunities, however, in his own practice of putting his idea into execution, he relates the following of another operator who was asked for his advice by a mother having too much milk in one breast and too little in the other: he advised the movement cure, which was applied by another operator with the result that all secretion of milk ceased. When Brandt was informed of this bad result he still adhered to his opinion, and was requested to apply the movements himself. The result was that the milk soon returned as before—too much in one and too little in the other breast. After

a change of movements the secretion became uniform in both breasts.

One operator, in consequence of his inexperience of the general laws of the movement-cure, involuntarily proved that the mothers' milk can be entirely derivated—that is, the secretion entirely stopped—by movements of the lower portions of the muscles of the back and of the pelvis—while the other operator proved that the mothers' milk can be brought back and uniformly secreted in both breasts.

The treatment for diminishing the flow of milk consists in strong passive stroking and fulling movements of the chest, sides of the arms, assisted by active movements of the trunk, muscles of the feet, arms, back, and pelvis ; the increase of the flow of milk is obtained by very gentle stroking and fulling of the chest, sides, and arms, in order to stimulate the activity of the veins, and afterwards by active pumping movements with the arms up and down, forwards and backwards while the patient slightly resists. During the pumping movements an assistant applies gentle passive stroking and fulling from the back under the arms forwards as far as the middle of the sides of the body (not farther for-

wards), that the pectoral muscles are not touched.

After this rack-arm-separation backwards is made with P. R. (patient's resistance), which increases the action of the pectoral muscles.

In the case just mentioned no foot, leg, back, and pelvis movements have been used, but after the return of the milk, derivating movements have been used on the too copious side, and movements increasing the flow of milk on the other breast.

LII.—CONSTIPATION OF INFANTS AT THE BREAST.

Knowing the beneficial effects of movements in constipation of infants at the breast, and having lately heard of the excellent results obtained by another operator, the treatment of this complaint is here mentioned for its own sake and value, although this subject is foreign to the purpose of this pamphlet.

Those who have seen the expression of pain in the faces of little infants suffering from pains caused by constipation, and those who have heard their whining and crying, will be pleased

to learn the process of this treatment. The operator sits opposite to the mother or nurse, who, while sitting, holds in her lap the infant lying on the back and with the abdomen naked ; he applies (1) extremely gentle fulling manipulations on the abdomen in all directions ; (2) stride-lying hip rotation ; (3) squat-lying knee pressure upwards ; the child is turned, when (4) transversal loin-percussion and (5) sacral percussion is done ; (6) stride (sitting on the mother's knee while the thighs are fixed), trunk rotation ; (7) sitting transversal hip vibration ; (8) stretch-half-lying, transversal abdominal stroking manipulations.

These movements, with a short pause between each of them, are done very gently and softly by the experienced operator.

In absence of a skilled operator, mothers must be instructed to do at least loin and sacral percussion and abdominal fulling.

If this treatment is pursued in the right manner the whinings and crying will soon cease, the painful expression of the face will disappear, and neither aperient medicines nor Carlsbad waters will be wanted.

The hope of being useful to the weaker sex

has encouraged Brandt to publish his experience acquired during many years of practice ; therefore he believes that this chapter, being of much interest to mothers, will not appear superfluous.*

LIII.—DR. S. SKÖLDBERG AND BRANDT TREATMENT.

The late Dr. Sköldberg (a well-known Swedish physician), being unprejudiced, was honest enough to acknowledge the merits of this treatment ; he considered uterus rings, pessaries, and similar contrivances, merely as palliatives, which cannot cure any displacement of the uterus. In his last lecture to his colleagues, after having described the various abnormal uterine displacements and prolapsus, as well as all the instruments hitherto used for keeping the uterus in position, and for various operations, he finished with the following words :—"As operations with the knife can fail, we may rejoice that lately endeavours have

* Chronic Constipation has been treated by the movement cure for more than forty years. For prescriptions the reader is referred to the hand-books of Drs. Neumann, Roth, and Hartelius, mentioned in the Preface.—ROTH.

been made to cure these evils without operations and without any supporting instruments by the movement cure." He called on his colleagues interested in this subject to seek information concerning this treatment from the author who was present at this lecture.

The repeated private and public encouragement of Dr. Sköldberg induced Brandt to settle in Stockholm. In 1871 Dr. Sköldberg stopped for four days at Sköfde, and attended personally to the treatment of sixty patients daily, when he promised to publish the scientific results of his researches before, during, and after the treatment. Unhappily his death, on the 22nd of October, 1872, prevented the fulfilment of his promise.

His public work finished by calling the attention of the medical world to this treatment.

APPENDIX.

By the Translator.

I had finished the translation of Brandt's Notes when I received a pamphlet published in Stockholm, in 1868, with illustrations of percussion on the os sacrum, described in § 23; of the manipulation No. 2 without assistance, described in § 24; and of the manipulation No. 3, without assistance, described in § 25.

These drawings are copied especially for those readers who do not know the elements of the movement-cure.

As the description of the percussion on the os sacrum (see first plate) is more detailed in this pamphlet, I felt it my duty to translate it.

"The patient stands (with the feet placed a little apart, and with the toes turned slightly inwards) opposite a wall, on which she leans with both hands, while her body slightly inclines and both her arms are gently bent. The operator stands on the left of the patient, and supports with the left arm the abdomen; with the right hand closed and the wrist-joint relaxed quick percussion is made alternately on both sides from the first lumbar vertebræ in a

curve along the loins and obliquely towards the hips. About five gentle percussions are given on each side ; afterwards five to seven are applied from the first lumbar vertebræ down along the coccyx. These parts are now rubbed with the flat hand in the same direction and the same order as the percussion has been done. The whole manipulation* is repeated three to five times, or till an agreeable sensation of warmth is produced without causing any discomfort or pain to the patient."

I find in the pamphlet also the copy of Brandt's Paper read at the Medical Society of Vestrogothia and Smaland on the 5th April, 1866, under the presidency of Dr. Warenius.

* This manipulation has for a long time been used in Ling-Branting's movement-cure. In this treatment it is thus modified : the percussion is done from above downwards on the nerve, on which it is intended to act. In the descent of the uterus the manipulation is done as described. It is applied only on the sides in anteversion, and straight down in retroversion. In displacement, to the right and slightly back : it is done on the left side above the hip and along the left side of the sacrum ; the percussion is made so as to act on the nerves of the opposite side. The same rule applies to the manipulation No. 2, with the exception of its last part.—
BRANDT.

In this Paper are named (*a*) some of the causes contributing to the production of uterine displacement.

(*b*). The period of time required for the treatment.

(*c*). The examination of the patients.

(*d*). The education of the assistants.

(*e*). The manipulations.

(*f*). The diseases which have been cured by this method :—

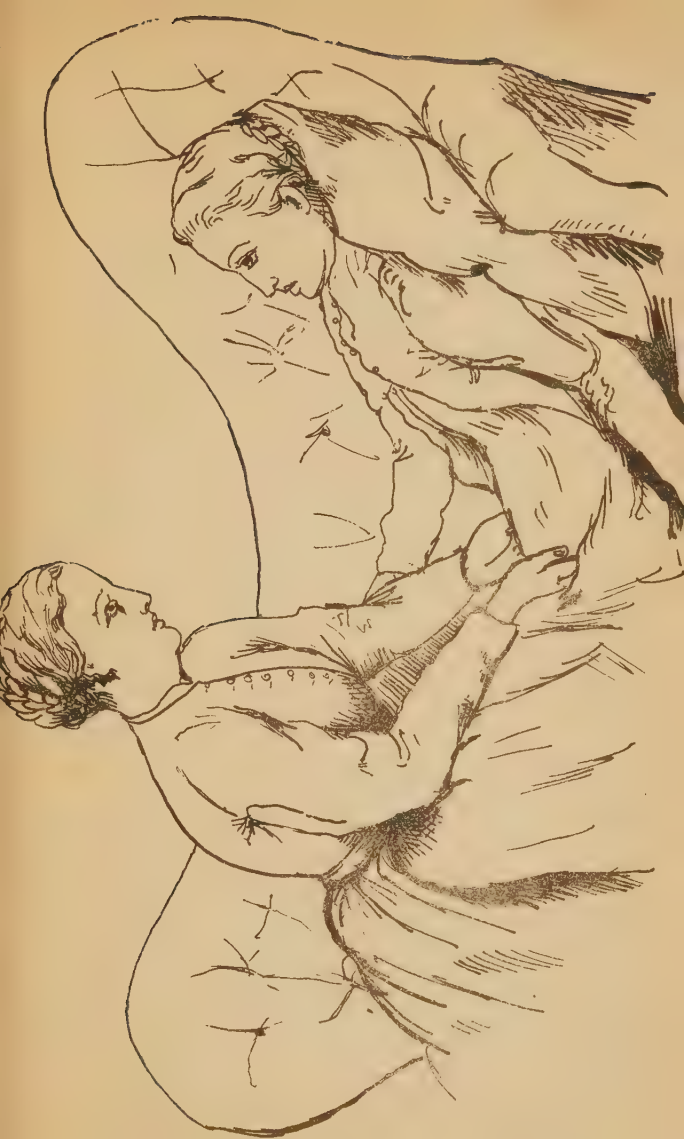
1. Prolapsus of the vagina, uterus, and rectum.
2. Effect caused by the contraction of uterine inflammation.
3. Induration and tumefaction of the uterus and ovaries, with cases.
4. Ulceration of the uterus.
5. Various discharges and irregular catamenia.
6. Miscarriage.

The pamphlet contains also Dr. Levin's report to the Medical Society of Stockholm on Brandt's treatment of uterine complaints by the movement-cure, which is printed in the February number of the (Swedish) *Hygiæa*, 1865.

I regret to be prevented at present from publishing many of the interesting cases successfully treated by Brandt which are mentioned in the pamphlet.







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37. COPIES OF THE GYMNASTIC MODELS, and of Dr. Roth's Collection in the South Kensington Museum, of the means of Scientific Physical Education, as well as all the works named in this list, can be had at Messrs. N. Myers & Co., 15, Berners Street, Oxford Street, London, W.
38. ON THE CAUSES OF THE GREAT MORTALITY OF CHILDREN, AND THE MEANS OF DIMINISHING THEM. A Paper read before the Scientific Congress at Rouen, and the International Medical Congress in Florence in 1869. Also a French, Italian, and Hungarian translation. 6d.
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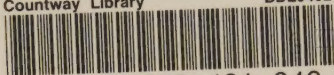
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